State: VermontGMCB Filing Company: MVP Health Plan, Inc.

TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other

Product Name: VT Individual 2022

Project Name/Number: /

Filing at a Glance

Company: MVP Health Plan, Inc.
Product Name: VT Individual 2022
State: VermontGMCB

TOI: H16I Individual Health - Major Medical

Sub-TOI: H16I.005C Individual - Other

Filing Type: GMCB Rate
Date Submitted: 05/07/2021

SERFF Tr Num: MVPH-132824950

SERFF Status: Assigned

State Tr Num: State Status: Co Tr Num:

Effective 01/01/2022

Date Requested:

Author(s): Matt Lombardo, Christopher Pontiff, Julia Dorr

Reviewer(s): Thomas Crompton (primary), David Dillon, Jacqueline Lee, Christina McLaughlin, Michael

Barber, Laura Beliveau

Disposition Date:
Disposition Status:
Effective Date:

State Filing Description:

State: VermontGMCB Filing Company: MVP Health Plan, Inc.

TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other

Product Name: VT Individual 2022

Project Name/Number: /

General Information

Project Name:

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Overall Rate Impact: 17.03% Filing Status Changed: 05/07/2021

State Status Changed:

Deemer Date: Created By: Christopher Pontiff

Submitted By: Christopher Pontiff Corresponding Filing Tracking Number:

PPACA: Non-Grandfathered Immed Mkt Reforms

PPACA Notes: null

Exchange Intentions: Plans are proposed to be sold on the state of Vermont's

exchange.

Filing Description:

These rates are for individual members purchasing coverage through the VT Exchange (or ACA-compliant plans directly from MVP) effective January 1, 2022

Company and Contact

Filing Contact Information

Matt Lombardo, mlombardo@mvphealthcare.com

625 State Street 518-388-2483 [Phone]

Schenectady, NY 12305

Filing Company Information

MVP Health Plan, Inc.CoCode: 95521State of Domicile: New York625 State StreetGroup Code: 1198Company Type: HealthSchenectady, NY 12305Group Name:Maintenance Organization

(518) 388-2469 ext. [Phone] FEIN Number: 14-1640868 State ID Number:

State: VermontGMCB Filing Company: MVP Health Plan, Inc.

TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other

Product Name: VT Individual 2022

Project Name/Number: /

Filing Fees

State Fees

Fee Required? No Retaliatory? No

Fee Explanation:

SERFF Tracking #: MVPH-132824950 State Tracking #: Company Tracking #: Company Tracking #:

State: VermontGMCB Filing Company: MVP Health Plan, Inc.

TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other

Product Name: VT Individual 2022

Project Name/Number: /

Rate Information

Rate data applies to filing.

Filing Method: SERFF

Rate Change Type: Increase

Overall Percentage of Last Rate Revision: 2.710%

Effective Date of Last Rate Revision: 01/01/2021

Filing Method of Last Filing: SERFF

SERFF Tracking Number of Last Filing: MVPH-132371260

Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Premium for	Maximum % Change (where req'd):	Minimum % Change (where req'd):
MVP Health Plan, Inc.	Increase	17.030%	17.030%	\$18,467,364	11,101	\$108,432,076	20.870%	10.390%

State: VermontGMCB Filing Company: MVP Health Plan, Inc.

TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other

Product Name: VT Individual 2022

Project Name/Number: /

Rate Review Detail

COMPANY:

Company Name: MVP Health Plan, Inc.

HHS Issuer Id: 77566

PRODUCTS:

Product Name	HIOS Product ID	HIOS Submission ID	Number of Covered Lives
VT Individual HMO	77566VT004		15371

Trend Factors:

FORMS:

New Policy Forms: Affected Forms:

Other Affected Forms: VT EXCHANGE COC

REQUESTED RATE CHANGE INFORMATION:

Change Period: Annual
Member Months: 184,452
Benefit Change: Increase

Percent Change Requested: Min: 10.39 Max: 20.87 Avg: 17.03

PRIOR RATE:

Total Earned Premium: 108,432,076.00 Total Incurred Claims: 98,623,519.00

Annual \$: Min: 339.18 Max: 798.23 Avg: 587.86

REQUESTED RATE:

Projected Earned Premium: 126,899,439.00 Projected Incurred Claims: 114,808,874.00

Annual \$: Min: 374.43 Max: 951.83 Avg: 687.98

State: VermontGMCB Filing Company: MVP Health Plan, Inc.

TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other

Product Name: VT Individual 2022

Project Name/Number: /

Supporting Document Schedules

Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	2022 Actuarial Memorandum Vermont Exchange Individual.pdf Actuarial Memo Dataset 2022 INDV_SERFF.pdf Actuarial Memo Dataset 2022 INDV_SERFF.xlsx Federal AVC Actuarial Certification for Non-standard Plans - 2022_03092021.pdf Non-Standard AVC Screenshots 2022 VT.pdf Rate Increase Exhibit 2021-2022 INDV_SERFF.pdf Rate Increase Exhibit 2021-2022 INDV_SERFF.xlsx VT 2022 Exchange Rate Filing INDV_SERFF.pdf VT 2022 Exchange Rate Filing INDV_SERFF.xlsx Wakely - VT Standard Plan Designs - AV Certification_2021-03-08.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	2022 Federal Act Memo Vermont Exchange Individual.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Civil Union Rating Requirements
Comments:	MVP's rating rules satisfy 8 V.S.A. § 4724.
Attachment(s):	
Item Status:	
Status Date:	
Satisfied - Item:	Consumer Disclosure Form
Comments:	
Attachment(s):	Consumer Disclosure Form about Rate Increases - 2022 VT Exchange Individual.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Filing Compliance Certification
Comments:	
Attachment(s):	Certification of Compliance - VT.pdf
Item Status:	

State:	VermontGMC		Filing Company:	MVP Health Plan, Inc.
TOI/Sub-TOI:	H16l Individua	l Health - Major Medical/H16l.005C Individual - Othe	e <i>r</i>	
Product Name:	VT Individual 2	2022		
Project Name/Number:	/			
Status Date:				
5				
Bypassed - Item:		Third Party Filing Authorization		
Bypass Reason:		N/A		
Attachment(s):				
Item Status:				
Status Date:				
Satisfied - Item:		Unified Rate Review Template		
Comments:				
Attachment(s):		Unified-Rate-Review-VT Individual 2022. Unified-Rate-Review-VT Individual 2022.	pdf xlsm	
Item Status:				
Status Date:				

Company Tracking #:

SERFF Tracking #:

MVPH-132824950

State Tracking #:

SERFF Tracking #: MVPH-132824950 State Tracking #: Company Tracking #: Company Tracking #:

State: VermontGMCB Filing Company: MVP Health Plan, Inc.

TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other

Product Name: VT Individual 2022

Project Name/Number:

Attachment Actuarial Memo Dataset 2022 INDV_SERFF.xlsx is not a PDF document and cannot be reproduced here.

Attachment Rate Increase Exhibit 2021-2022 INDV_SERFF.xlsx is not a PDF document and cannot be reproduced here.

Attachment VT 2022 Exchange Rate Filing INDV_SERFF.xlsx is not a PDF document and cannot be reproduced here.

Attachment Unified-Rate-Review-VT Individual 2022.xlsm is not a PDF document and cannot be reproduced here.



Contact Information

Company Information

Company Legal Name: MVP Health Plan, Inc.

HIOS Issuer ID: 77566 NAIC Number: 95521

Primary Contact Information

Contact Name: Christopher Pontiff, ASA

Contact Title: Leader, Actuarial

Primary Contact Phone #: 1-800-777-4793, ext. 17696

Primary Contact Address: 625 State Street

Schenectady, NY 12301-2207

Primary Contact E-mail: Cpontiff@mvphealthcare.com

ACTUARIAL MEMORANDUM 2022 Vermont Individual Exchange Filing

Purpose and Scope of Filing

This memorandum details the methods and assumptions underlying the proposed 2022 premium rates for the State of Vermont's Individual ACA compliant market. These products will be issued by MVP Health Plan, Inc. (MVP), a non-profit subsidiary of MVP Health Care, Inc. The rate filing has been prepared to satisfy the requirements of 8 V.S.A §5104 as well as the requirements of the Federal ACA including 45 CFR Part 156, §156.80. The premium rates are effective between 1/1/2022 and 12/31/2022. There are no benefit plans being retired, nor are there any new benefit plans being added. MVP modified several of the benefits being offered, and the updated forms have been submitted in a separate SERFF filing. The proposed average rate increase (MVP's revenue increase) is 17.0%, with increases ranging from 10.4% to 20.9%.

Market/Benefits

All benefit plans included in this rate filing are available to everyone eligible to purchase coverage in the individual market.

A description of benefits is included in Exhibit 1 of the rate filing. As in 2021, MVP has filed Silver plans to be sold off exchange known as "reflective" Silver plans. These plans are equivalent to the corresponding on exchange plan with the exception of a \$5 copay or 5% coinsurance change to the ambulance benefit or a modification to the deductible/maximum out of pocket for the plan which has no cost sharing after the deductible.

Exhibit 1A of the filing provides an overview of benefit changes for renewing plans from 2021 to 2022. As noted in the rate filing document, design changes from the previous year's plan design are shaded in gray.

All Essential Health Benefits (EHBs) are covered. Only one EHB substitution was made as required by the DVHA, a substitution for the \$2,000 annual Private Duty Nursing benefit limit in the benchmark plan. MVP previously contracted Milliman to determine an actuarially equivalent visit limit, and the claim data in the experience period represents this actuarially equivalent limit.

The non-standard plans proposed by MVP and included in this rate filing contain two benefits in excess of the EHBs: a wellness benefit and an acupuncture allowance of \$500. The wellness benefit and acupuncture allowance are included in all non-standard products and the wellness benefit is filed as a mandatory rider, form: FRVT366.

To inform consumers of the availability and details of the products included in this filing, MVP will provide community outreach support as well as offer web and print product content and other printed product materials for VT plans. MVP will also have a mass media presence to further educate health care customers in Vermont.

The book of business affected by this rate filing is 11,101 policyholders, 11,101 subscribers and 15,371 members based on February 2021 membership.

Unmerging of Risk Pools

Historically the state of Vermont has been a merged market, meaning small employer group and individual data was used to derive a single set of premiums that applied to both small group and individual. In 2022, the market is being unmerged. This results in two sets of premium rates derived from small group and individual data separately.

Experience Period Claims

MVP historical claim data was the basis of the premium rate development. All ACA compliant Individual data is included in the experience period data set. The claim data is assumed to be fully credible.

The experience period for the historical claims is incurred dates of service between 1/1/19 and 12/31/19, paid through 2/28/21. MVP has restated its incurred medical claim estimates to complete the claims through 3/31/21. MVP chose to use 2019 claims experience instead of 2020 due to COVID-19. 2020 claim experience was significantly impacted by the COVID-19 pandemic, and MVP does not believe that 2020 is representative of future years and therefore decided to use 2019 with an additional year of trend.

Per ASOP #26 "premium rates are actuarially sound if, for business in the state for which the certification is being prepared and for the period covered by the certification, projected premiums in the aggregate, including expected reinsurance cash flows, governmental risk adjustment cash flows, and investment income, are ade-quate to provide for all expected costs, including health benefits, health benefit settlement expenses, marketing and administrative expenses, and the cost of capital." MVP believes that the reduction in claims due to the COVID-19 pandemic would cause premiums developed on 2020 data to not be actuarially sound. Additionally, MVP has concerns that risk adjustment results could be skewed in 2020 due to suppressed utilization and the impact of COVID-19 diagnoses on risk scores.

Please see Exhibit 3 for a summary of MVP's experience period claims, market-wide adjustments to experience period claims, and the development of the paid Index rate PMPM. Details of the market-wide adjustments and trend projections being made to MVP's experience period data are discussed below.

Line 1 of Exhibit 3 provides the member months for the experience period for the rating pool.

Line 2 of Exhibit 3 provides the experience period fee for service medical claim expense on a "per member per month" (PMPM basis). This includes all claims for medical services paid by MVP for the rating pool during the experience period.

Line 3 of Exhibit 3 provides the FFS claims paid by MVP for pediatric dental services provided to members in the rating pool during the experience period.

Lines 4a and 4b are reductions to FFS claims expenses due to the CSR subsidy program. Line 4a reflects the payments made to MVP by the federal government to cover the difference between the plan's filed cost sharing and the member's actual cost sharing under the program. Even though the federal subsidies were discontinued in October 2017, MVP is capturing the full amount of the reduction to claim expense in the filing and adding it back only on specific plans which will be discussed later. Because the state CSR program is still projected to continue in the rating period, MVP is reflecting these recoveries as a reduction to claim expense.

Line 5 reflects the assumption for claims Incurred but not Reported (IBNR) as of the latest date the claims data was paid through. We have completed the claims using an IBNR factor of -0.004% which is our best estimate of ultimate liabilities as of 3/31/21; due to claim activity, including claim reversals, between 2/28/21 and 3/31/21, MVP's incurred estimate decreased which is driving a negative IBNR factor. MVP uses a combined trended PMPM and completion factor method to value its ultimate claim liabilities. Note that the model used to calculate IBNR for this block of business includes all Vermont business, so the paid and incurred claims below will not match the paid and incurred claims in the filing. Please see the following table comparing incurred and paid claim amounts by month for the experience period.

		Incurred	
Incurred Month	Paid Claims	Claims	IBNR Factor
201912	\$11,619,415	\$11,621,687	1.000
201911	\$11,371,801	\$11,373,275	1.000
201910	\$12,071,113	\$12,071,619	1.000
201909	\$11,233,790	\$11,234,620	1.000
201908	\$10,906,039	\$10,906,522	1.000
201907	\$11,097,035	\$11,097,410	1.000
201906	\$10,580,539	\$10,580,696	1.000
201905	\$12,105,143	\$12,095,529	0.999
201904	\$11,336,370	\$11,335,589	1.000
201903	\$11,679,575	\$11,679,100	1.000
201902	\$9,475,793	\$9,475,683	1.000
201901	\$11,012,331	\$11,012,231	1.000
Total	\$134,488,944	\$134,483,961	1.000

Line 6 reflects medical plus dental fee-for-service (FFS) claims, completed with IBNR. The formula is the sum of lines 2 and 4 multiplied by line 5, then adding line 3. MVP is assuming that dental claims are fully complete with two months of run-out, and therefore IBNR is not applied to these claims.

Line 7 provides the experience period incurred pharmacy claims for the rating pool. Pharmacy claims include any claims which are paid through the pharmacy portion of the member's benefits.

Experience period Rx rebates are reflected in line 8 of Exhibit 3.

Line 9 of Exhibit 3 reflects MVP's ultimate liability for pharmacy claims during the experience period, which nets manufacturer rebates from the incurred claims paid by MVP.

Lines 10 to 12 account for volatility in high cost claims. Claims in excess of \$100,000 are being removed from the claim projection and replaced by a pooling charge. The pooling charge of 12.6% was determined by computing the annual average cost of claims exceeding \$100,000 relative to claims less than \$100,000 for the eligible population for the experience period as well as the two preceding calendar years (2019, 2018, 2017). Please see the following table for the high cost claim percentage by year:

Time Period	High Cost Claim %
CY2017	14.0%
CY2018	10.1%
CY2019	13.8%
Average	12.6%

Line 12 of Exhibit 3 reflects MVP's experience period FFS claim expense for the rating pool, and is calculated by summing the medical and dental FFS incurred claims completed with IBNR (line 6 of Exhibit 3), the pharmacy incurred claims net of rebates (line 9 of Exhibit 3) and the impact of pooling (sum of lines 10 and 11 of Exhibit 3).

Line 13 of Exhibit 3 reflects expenses for services such as capitations and other non-FFS medical expenses which come from MVP's General Ledger and are not processed through MVP's claims system. Please see the table below for detail on the items that comprise the capitation and non-FFS expenses reflected in MVP's experience period claims.

Summary of Experience Period Non-FFS and Capitation Amounts

Other Medical Expenses not in claim warehouse	\$1.15
Net Reinsurance Expense	\$0.67
Medical Home and PCP Incentive	\$3.92
Total Non-FFS and Capitation Amounts	\$5.75

^{*}Note: VT Paid Claim Surcharge (0.999% of paid claims) and NY HCRA Surcharge (0.15% of paid claims) are not reflected in figures above. Line 13 of Exhibit 3 = line 12 of Exhibit 3 * 1.149% + the applicable value shown above.

Line 14 of Exhibit 3 represents MVP's best estimate of the costs incurred to cover members in the rating pool during the experience period after making the adjustments described above.

Market-Wide Adjustments to Experience Period Claims

Several adjustments to the experience period incurred claim costs were necessary to adjust for items not captured in the experience period. The adjustments are explained below.

Line 15- Adjustment for Pharmacy Benefit Carve-in

For plans that are considered Qualified High-Deductible Health Plans (QHDHPs), certain drugs are classified as preventive and are not subject to the member's deductible. MVP will be classifying antidepressants and antipsychotic/antimanic agents as "preventive" effective January 1, 2020.

Quantifying the effect of this benefit change takes place in two steps. First, MVP analyzed 2019 pharmacy claims that fall under those categories. In the experience period, QHDHP members spent \$19,869 under their deductible for these drugs, which was then converted to a PMPM amount of \$0.12 reflected on line 15.

The second step was to adjust the benefit actuarial values to ensure that this load was only applied to QHDHPs. MVP adjusted the historical data in its benefit relativity model to capture these drugs as preventive before the benefit AVs were calculated. This loads the cost of covering the preventive drugs discussed above onto just the QHDHPs, as those plans have a higher relativity in the rating period than they did in the experience period.

Line 16- Adjustment for Medical Safe Harbor Coverage on QHDHP's

In July of 2019, the Internal Revenue Service released IRS Notice 2019-45, which allowed for the coverage of specific medical services and items before the deductible on QHDHPs. MVP analyzed the claim cost for QHDHPs from the entire commercial population for the services not currently covered under the Safe Harbor provision and found that the additional claim expense will be worth \$0.06 for the individual rating pool.

The benefit actuarial values were then adjusted in a similar manner to the adjustment described in line 15 above, to ensure that the additional claim cost was reflected specifically on the QHDHP benefit designs for 2022.

Line 17- Adjustment for Insulin Cap

The state of Vermont has mandated that insulin cost share for a 30-day supply be capped at \$100 per member starting in 2022. MVP analyzed historical insulin utilization by member and determined this mandate would result in an additional \$0.14 PMPM.

Line 18- Adjustment for COVID-19 Booster Shots

It has been widely publicized that COVID-19 vaccination booster shots will likely be needed in the future, and Moderna's CEO recently commented that they expect FDA approval for a COVID booster shot by Fall 2021. As a result, MVP has built in \$1.14 PMPM to cover the additional cost of these booster shots. This figure was derived from MVP's Individual

market flu vaccine cost as we think it is appropriate to assume the same cost and uptake rate of the flu vaccine for the COVID-19 booster shots.

Line 19- Adjustment for Telehealth Utilization Increase

MVP analyzed the shift from in person visits to telehealth as a result of the COVID-19 pandemic across our VT population. Prior to the pandemic, telehealth costs were approximately \$0.10 PMPM vs. 3Q/4Q 2020 telehealth costs exceeding \$17 PMPM in MVP's exchange block of business. While the initial result in 2Q 2020 was a reduction to in person visits and an increase to telehealth visits with an overall reduction to cost, MVP's 3Q/4Q 2020 data indicates an overall net increase to cost as in-person visits are approaching pre-pandemic levels and telehealth visits have not subsided enough to offset the increase to in-person costs. The result is an overall to cost that MVP projects at \$1.89 PMPM.

Line 20- Adjustment for National High Cost Reinsurance Pool

In the 2022 Notice of Benefit and Payment Parameters issued by HHS, carriers will be compensated 60% for members' paid claims above \$1 million in a given plan year. The total reinsurance received across all states will be aggregated and compared to the national average premium PMPM to determine a percentage of premium charged to each issuer to fund the program.

Based on a national study performed by Wakely Consulting Group, the estimate of the load charged to individual market issuers in 2022 will be 0.31%. MVP has not had any claimants above \$1 million in this block of business since 2014 and does not anticipate any claimants for the rating period, so the net load for MVP would be the full 0.31% shown on line 20.

Medical Trend Factors

The development of annual medical paid claim trend factors for 2020, 2021 and 2022 is illustrated in Exhibit 2a.

For VT providers whose contractual reimbursement changes are governed by the GMCB, MVP is reflecting the GMCB's most recently approved budgeted changes as the unit cost trend for 2020 and 2021. For 2022 unit cost changes, MVP is assuming the 2021 approved hospital budget changes. For VT providers not governed by the GMCB and non-VT providers, MVP is reflecting its best estimate of unit cost changes. Total allowed unit cost trend is 3.5% for 2020, 5.1% for 2021, and 5.7% for 2022.

MVP analyzed historical medical utilization trends for its VT block of business and determined that the data has been too volatile in recent years to use for medical utilization trend purposes. MVP attributes this volatility to the significant membership growth for this block of business. During the 2020 filing, "L&E [Lewis & Ellis Actuaries and Consultants] performed a series of independent trend calculations using market wide utilization data from 2015 to 2018" and found that "After assessing all the market wide results, L&E believes that a reasonable range for market wide utilization trend to be 1% to 4%" (L&E Actuarial Memo, SERFF # MVPH-131934219, page 7). Because MVP believes that their data still lacks necessary stability and L&E's view of utilization trend encompasses the entire market, MVP has built in a 1% annual utilization trend for this filing.

In addition to the medical cost inflation rate assumed from the historical experience period to the rating period, an adjustment is needed to reflect the impact of cost share leveraging on the carrier's share of the medical cost. Leveraging is a result of the fixed nature of deductibles and copays in health benefit plans. When there are fixed member deductibles and copays, the carrier bears a greater portion of the cost of medical inflation. Therefore, an additional factor adjustment is made to the trend assumption to capture this cost.

The trend applied to the deductible portion of the experience period was derived using the distribution of claims for MVP's entire book of business (consistent with the data in MVP's benefit relativity model). Claims below the average deductible amount over the experience period were trended at the applicable allowed trend rate while claims greater than the deductible were held flat.

The average annual allowed trend factor applied to FFS medical claims in this filing is 5.8%. The annual paid leveraging factor is 0.5% which results in an average annual paid FFS medical trend of 6.4%. This can be found on line 22 of Exhibit 3.

Rx Trend Factors

Annual allowed Rx trend factors split by generic, brand, and specialty drugs are illustrated in Exhibit 2a. The trend forecast provided by MVP's PBM was determined using MVP's Vermont commercial data by drug class. The forecasts provided by MVP's PBM account for drugs coming off patent, changes in average wholesale price, new drugs being released to the market, and price competitiveness amongst generic and brand drug manufacturers. In addition to the market trend data provided by the PBM, MVP is also reflecting its best estimate of known contract changes for 2020, 2021 and 2022. Those contract changes are reflected in the unit cost trends shown on Exhibit 2a.

Supporting documentation illustrating how the Rx trends shown on Exhibit 2a were converted to paid trends for 2020, 2021, and 2022 can be found in Exhibit 2b.

To project rebates, MVP has taken the experience period rebates as a percentage of the experience period allowed claims (22.0%) and applied that percentage to the rating period allowed claims. This represents MVP's best estimate of future rebates that will be shared between the PBM and MVP.

The average annual allowed Rx trend in this filing is 15.2%, and the average annual paid Rx trend net of Rx rebates is 16.6% which can be found in line 23 of Exhibit 3.

The Annual FFS Claim Trend Projection factor shown in line 24 of Exhibit 3 represents the blended FFS annual trend projection. To arrive at the blended trend projection shown in line 24, the following calculation is performed: [line 6 * line 22 + line 9 * line 23] / [line 6 + line 9]. The annual trend is then applied for 36 months to move the experience period data from the experience period to the rating period, and the rating period FFS claim expense on a PMPM basis is reflected in line 26 of Exhibit 3.

Paid Claim Surcharges, Capitation, and Non-FFS PMPM Projection

The paid claim surcharges, capitation, and non-FFS expenses shown in lines 27 and 28 of Exhibit 3 represent MVP's best estimate of these costs in the projection period. A summary of the expenses driving the capitation and non-FFS expenses in line 28 can be found below. Expenses captured in the "Other Medical Expense not in warehouse" line include: student out of area charges, a surcharge levied by the state of Massachusetts, and manual checks.

Summary of Rating Period Non-FFS and Capitation Amounts					
Other Medical Expenses not in claim warehouse	\$1.49				
Net Reinsurance Expense	\$0.67				
Medical Home and PCP Incentive	\$3.92				
Total Non-FFS and Capitation Amounts	\$6.09				

MVP is assuming that the VT paid claim surcharge will remain unchanged in 2022 and equal 0.999%. The NYS HCRA surcharge of 0.15% is also unchanged.

Federal Risk Adjustment Program

Based on the Final Risk Transfer results for 2019 provided by CMS rerun for the unmerged market by L&E, MVP would've paid \$12,568,228 into the individual market transfer pool for 2019. This is \$74.41 on a PMPM basis or 18.2% of experience period claims prior to market-wide adjustments. To calculate line 30 of Exhibit 3, MVP applied this risk adjustment payment as a percentage of claim expense to line 29 of Exhibit 3, which the best estimate of the rating period claim expense. This results in an estimated payment of \$93.53 PMPM or \$15,798,325 using experience period membership.

Plan Level Adjustments / Plan Specific Net and Gross Index PMPM rates

Line 31 of Exhibit 3 represents MVP's projected paid index rate after adjustments for 2022. This is the starting net claim cost that will be used to set 2022 premium rates. Gross Index rates and contract tier rates are calculated in Exhibit 7. The plan specific net claim cost for each plan is computed as follows on Exhibit 7:

Adjusted Claim Cost For Pricing	=	Projected Paid Index Rate After Adjustments PMPM (line 31 of Exhibit 3)
(see Exhibit 7)		[Avg Inforce Actuarial Value * Induced Utilization Factor]
Plan Specific Net Claim Cost PMPM	=	Adjusted Claim Cost for Pricing * Benefit Actuarial Value * Plan Induced Utilization Factor
(see Exhibit 7)		

The Plan Specific Gross Claim Cost PMPM for each plan is derived by adjusting the Plan Specific Net Claim Cost PMPM which account for Benefits in Excess of EHBs, PMPM non-claim expense loads, and percent of premium non-claim expense loads.

Actuarial Values and Induced Utilization Factors

The AV Metal Level for each plan was determined using the Federally prescribed Actuarial Value Calculator. Adjustments for aggregate deductibles, the VT Rx OOPM, and safe harbor prescription Rx benefits were made to the calculator results for the non-standard plans. The actuarial certification of these adjustments has been included as an attachment to this filing in SERFF.

The Benefit Actuarial Value for each plan was determined using MVP's in-house benefit relativity model. The pricing tools value the expected net paid claim cost associated with unique benefit plan designs from a starting single risk pool allowed amount. The AV is the ratio of the expected paid to allowed amount for each plan design.

The induced utilization factors used to set premium rates and compute the average in-force induced utilization factor are sloped to comply with the HHS prescribed induced utilization factors of 1.00 for Bronze, 1.03 for Silver, 1.08 for Gold, and 1.15 for Platinum. The experience period actuarial value times induced demand factor (0.7492) can be found in Exhibit 7.

Non-Claim Expense Plan Level Adjustments

Non claim expenses include both percent of premium loads and PMPM loads. The loads do not vary by plan. Each Standard and Non-Standard plan is being loaded with the same PMPM and Percent of Premium loads. The loads are outlined below and summarized in Exhibit 5.

Federal Taxes PMPM based

A total of \$0.46 PMPM is added for fees MVP must pay to the Federal Government per ACA regulations on a PMPM basis. This is comprised of \$0.24 PMPM for the risk adjustment user fee levied by the Department of Health and Human Services and \$0.22 PMPM for the Patient Centered Outcome Research Fee.

State Taxes PMPM Based

\$1.52 PMPM is added for fees MVP must pay to the State of Vermont to help fund expenses incurred by state agencies and other non-profit organizations on MVP's behalf, including the Green Mountain Care Board, the Vermont Program for Quality in Health Care, Inc., and the Office of the Health Care Advocate. This is found by using the best available information about the market-wide cost of each of the programs and then accounting for MVP's growth in market share from 2019 to 2022.

State Taxes Premium based – VT Vaccine Assessment

Based on information provided by the Vermont Vaccine Purchasing Program (VVPP), MVP's rates are \$12.02 per covered child and \$1.70 per covered adult for January to March 2022, followed by an estimate of the same \$12.02 per covered child and \$1.70 per covered adult thereafter. Based on a blend of MVP's child and adult membership in the projection period, the total PMPM costs are \$2.27 for 2022. This blended PMPM was then compared to the projection period premium PMPM before the assessment load to convert the assessment to a percent of premium load of 0.33%.

General Administrative Expense Load (Including QI component)

The total administrative expense load included as a plan level adjustment equals \$47.10 PMPM and is used to cover SG&A expenses as well as Quality Improvement/Cost Containment Programs (QI). MVP is making additional administrative investments in the state for 2022 and expect admin to be aligned with our proposed administrative costs.

Based on an analysis of MVP's historical Supplemental Health Care Exhibit (SHCE) expenses, approximately 6% of MVP's total administrative expense was spent on QI. Therefore, \$2.83 PMPM of the \$47.10 PMPM administrative expense is attributable to QI.

MVP charged \$42.17 PMPM for the merged individual and small group market in 2021. When multiplied by our combined February 2021 enrollment, the available administrative expense PMPM change is only \$0.03. Please see the table below.

Summary of 2022 Administrative Expenses					
Proposed Admin Enrollment as of					
	PMPM	February 2021			
Individual	\$47.10	15,371			
Small Group	\$38.75	21,858			
Combined	\$42.20	37,229			

Contribution to Reserves/Risk Charge

MVP is building a 1.5% contribution to reserves/risk charge into the VT Exchange premium rates for 2022. This charge is added to premium rates to meet statutory reserve requirements for MVP's VT block of business and protect against adverse experience relative to pricing assumptions.

Bad Debt Expense

A plan level adjustment equal to 0.40% of premium was added to account for non-payment of premium risk.

Rider FRVT366 (Wellness Benefit in Addition to EHBs)

Members purchasing a non-standard plan will receive MVP's Member Wellness Incentive (Form: FRVT366). This is an enhancement to the current wellness benefit whereby primary subscribers can earn up to \$600 in wellness-related

rewards and/or be reimbursed for wellness-related activities. MVP projects the net cost of this benefit to equal \$0.88 PMPM which is unchanged from the prior year

Acupuncture Allowance (Benefit in Addition to EHBs)

MVP is adding a \$500 acupuncture allowance to its benefits in 2022. MVP's 2019 acupuncture claims for our New York members were studied and used to derive the \$0.52 PMPM additional cost for this benefit.

Catastrophic Plan Adjustment

An additional plan level adjustment was applied to the catastrophic plan to account for the unique age eligibility requirements as permitted by the Federal ACA Rules. MVP did not reflect the fact that individuals facing financial hardship could also qualify to enroll in this plan.

MVP determined the adjustment factor for this plan by calculating the HHS Age factor for the eligible population and comparing it to the HHS Age factor of the experience period membership. The eligible population was assumed to be any member under the age of 30 that was not attached to a subscriber age 30 or older. It was assumed that a member under the age of 30 and attached to a subscriber age 30 or older would enroll as a dependent in a non-catastrophic plan. The eligibility adjustment factor is equal to 0.604 and is reflected in the "Induced Utilization Factor" adjustment of Exhibit 7 for this plan.

Catastrophic Plan Level Adjustment	
	HHS Age Factor
Ages 0-29, Meeting Subscriber Qualifications	1.044
Single Risk Pool Total	1.727
Catastrophic Adjustment	0.604

Per Contract Premium Rates

The Plan Specific Gross Claim Cost PMPMs computed in Exhibit 7 are converted to per contract premium rates using the computed single conversion factor and the prescribed standard load ratios.

The single conversion factor (SCF) was calculated using subscriber and member data by contract type for the eligible population enrolled with MVP as of February 2021. The SCF = weighted average contract size / weighted average load ratio. Please see Exhibit 4 for the derivation of the SCF.

Silver CSR Loading

As stated previously, the Federal government has cancelled reimbursement of incurred claims under the CSR program effective October 2017. However, members are still eligible for the reduced cost sharing plans in the program, which will have to be covered by increasing premiums. The state of Vermont's solution to this problem was to create two sets of Silver plans: one set for non-CSR members with premiums that do not reflect the CSR defunding and one set for CSR members which reflect the CSR defunding in the premium. This was done so that the second-lowest cost Silver plan on the exchange would have an increased premium, which is the plan used to determine how much lower-income members will receive in premium subsidies through the federal Advance Premium Tax Credits (APTC) program. That way, premium increases for CSR defunding will be met with corresponding increases in APTC subsidies and the net policyholder premium increase will be minimized.

Total subsidies under the federal CSR program were \$5,265,578 during the experience period. In order to determine the expected federal subsidy outlay during the rating period, experience period federal CSR dollars by CSR level are reweighted based on actual February 2021 membership as this calculation reflects MVP's best estimate of the members expected to enroll in on-Exchange Silver plans during the rating period. Please see the following table which details this calculation:

CSR Level	Federal CSR	CSR	Federal CSR	Projected CSR	Projected CSR
	Dollars	Membership,	PMPM	Member	Dollars
		Experience		Months	
		Period			
Non-CSR APTC	\$0	6,063	\$0.00	6,204	\$0
73% CSR	\$0	4,714	\$0.00	4,464	\$0
77% CSR	\$306,674	14,043	\$21.84	12,948	\$282,761
87% CSR	\$3,413,514	32,536	\$104.91	27,540	\$2,889,359
94% CSR	\$1,545,390	10,973	\$140.84	10,992	\$1,548,066
TOTAL	\$5,265,578	68,329	\$77.06	62,148	\$4,720,185
	_		_	Projected CSR	\$75.95
				PMPM	

This amount was then completed with IBNR and trended at 1.4% for 36 months to get to a trended CSR load of \$79.25 PMPM for the rating period. The 1.4% trend reflects the allowed trend for claims between the average CSR deductible and the average deductible of the non-subsidized plan. This amount can be found in line 8 of Exhibit 6 of the rate filing as well as in the rate buildup of the on-exchange Silver plans.

Loss Ratio Information

The traditional target loss ratio (claims cost / premium) for the rates proposed in this rate filing is 90.5%. After adjusting for taxes/assessments and expenses associated with quality improvements, the Federal target loss ratio for the rates proposed in this filing is 91.5%. Please see the following table for a calculation of these loss ratios based on MVP's projected starting claim cost in 2022:

Target Loss Ratio for 2022 VT	arget Loss Ratio for 2022 VT Exchange				
A) Claims Expense	\$608.53				
B) Taxes/Assessments	\$4.20				
C) Quality Improvement	\$2.83				
D) Premium	\$672.61				
E) Traditional Loss Ratio	90.5%				
= A) / D)					
F) Federal Loss Ratio	91.5%				
= [A) + C)] / [D) - B)]					

MVP does not anticipate having to rebate members for 2019 or 2020 per the ACA minimum MLR requirements.

Actuarial Dataset, Rate Increase Exhibit, URRT, and Federal Memorandum

Also included with this rate filing are L&E's Actuarial Dataset, a projection of rate increases for ACA compliant subscribers as of February 2021, the Federal URRT, and the Federal Actuarial Memorandum.

Projection Period Enrollment

MVP's projection period membership equals the February 2021 enrollment of the population eligible to purchase these products, or 15,371 members. On Worksheet 2 of the URRT, members are mapped based on their February 2021 benefit to the same benefits for 2022.

Actuarial Certification

I, Christopher Pontiff, am an Associate of the Society of Actuaries. The projected Index Rate and Adjusted Paid Amount used in the development of these proposed premium rates is in compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80(d)(1)) and developed in compliance with the applicable Actuarial Standards of Practice. I have examined the assumptions and methods used in determining MVP's requested rates. Based on my review and examination, it is my opinion that the proposed premium rates are reasonable in relation to the benefits provided and that they are not excessive, nor inadequate, nor unfairly discriminatory. They are developed using only the permitted rating classifications. The Adjusted Paid Amount and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates. The Standard AV Calculator was used to determine the Metal AV Value to be shown in Worksheet 2 of the Part I Unified Rate Review template for all the plans.

I certify that I am knowledgeable as to the Vermont laws and regulations that apply to this filing and that, to the best of my knowledge and belief, this filing is in compliance with such laws and regulations and provides all required benefits.

I am of the opinion that this filing is in compliance with the applicable Federal and State Laws and Regulations concerning the PPACA and the HCERA of 2010. The proposed premium rates were developed based on currently approved State and Federal regulations and statutes. If modifications are made to State or Federal regulations or statutes for the 2022 plan year after this filing is submitted, including but not limited to changes to the enforcement of the individual mandate, changes to rules around selling across state lines or association groups, the proposed premium rates may not be reasonable relative to the benefits being offered and could result in inadequate premium rates. If such modifications are made, MVP will pursue an adjustment to the proposed premium rates to reflect the regulations and statutes that will be in place for the 2022 plan year.

I certify that each rate filing has been prepared in accordance with the following Actuarial Standards of Practice; ASOP #5, ASOP#8, ASOP #12, ASOP #23, ASOP #25, ASOP #26, ASOP#41, ASOP#42, ASOP#45, and ASOP#50.

Christopher Pontiff, ASA

(Mm Vart

Leader, Actuarial MVP Health Care, Inc.

05/07/2021

Date

Please provide Company specific inputs for any cells shaded in blue.

Purpose, Scope, and Reason for Rate Increase

Insurance Company Name HIOS ID SERFF Filing Number Date of Submission Proposed Effective Date Average Annual Premium \$7.054 \$8,256

Instructions:

The issuer must complete the Actuarial Memorandum Dataset Supplement and submit with the filing.

**Einde data for all biase shaded cells consistent with the issuer's Part III Actuanial Memorandum.

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Amount in SERFF's Rate Review Detail Section Explanation for differences

17.03% 10.39% 20.87%

If the difference between the maximum and minimum rate increase is greater than 10%, Provide a statement and clear delineation of contributing factors explaining why certain individual will receive a rate decrease as low as the minimum while others will face rate increases as high as the maximum

The minimum rate change is for the catastrophic plan which has a lower increase than the other plans due to a change in the catastrophic adjustment factor. Excluding this plan would bring the range of rate increases to within 10%.

Relationship of Proposed Rate Scale to Current Rate Scale:

Provide a detailed breakdown of the wemape rate change from the previous approved filing by using the chart below to liemize the drivers of the average net change. The table should include the previous assumption, current assumption, and the resulting change, include additional lines as necessary.

Previous filing Current Filing Retailed.

Source of Change	Previous filing	Current Filing	Relativity
Source of Change	Assumption	Assumption	Current Filing / Prévious fili
Base Period Experience	1.000	1.034	1.034
Impact of Rx Benefit Carve-In	1.001	1.000	1.000
Adjustment for National Reinsurance	1.003	1.003	1.000
Adjustment for Safe Harbor Coverage on QHI	1.000	1.000	1.000
Adjustment for COVID-19 Immunization Cost	1.000	1.003	1.003
Adjustment for Insulin Cap	1.000	1.000	1.000
Adjustment for Telehealth Utilization Increase	1.000	1.005	1.005
Pricing Trend	1.134	1.243	1.096
Risk Adjustment Recoveries	1.142	1.182	1.034
Experience Period Benefit and AV Change	0.957	1.000	1.045
SG&A	1.065	1.058	0.993
Taxes and Fees (PMPM Basis)	1.003	1.002	0.999
Taxes and Fees (% of Premium Basis)	1.003	1.003	1.000
Margin	1.009	1.019	1.010
Single Conversion Factor	1.097	1.049	0.956
CSR Defunding	1.059	1.043	0.985
Benefit Mix Impact	0.997	1.000	1.003
Total Rate Change			1.170
If applicable, Provide an explanation for differe average rate change in cell B18	ence between the Calculated	Rate change and the	1.170

The change in this factor is based on the change the trend assumption in previous filing and current filing (e.g. 1.075*2 / 1.08*2)

e.g. previous filing experience period index rate compared to the current filing experience index rate

Annual Rate Change Distribution			
			Impacted # of Groups, If
	Impacted # of Contracts	Impacted # of Members	applicable
Reduction of 15.00% or more	0	0	0
Reduction of 10.01% to 14.99%	0	0	0
Reduction of 5.01% to 10.00%	0	0	0
Reduction of 0.01% to 5.00%	0	0	0
No Change	0	0	0
Increase of 0.01% to 5.00%	0	0	0
Increase of 5.01% to 10.00%	0	0	0
Increase of 10.01% to 14.99%	3,350	4,224	0
Increase of 15.00% or more	7.751	11.147	0
Total	11.101	15.371	0

History of Rate Changes

For Year	Average Annual Proposed Rate Change	Average Annual Approved Rate Change
2018	6.74%	3.42%
2019	10.88%	6.63%
2020	8.45%	10.08%
2021	7.30%	2.70%

Rev. 4/30/2019

Retention					
	PMPM in effect during the experience period	PMPM from Most Recent Approved Rate Filing	Proposed PMPM for Effective Date	Proposed Change in PMPM Compared to Prior 12 months	Proposed Change in PMPM Compared to Most Recently Approved Filing
Dates	1/1/2019 - 12/31/2019	1/1/2021 - 12/31/2021	1/1/2022 - 12/31/2022		
Commissions & Brokers Fees	\$0.00	\$0.00	\$0.00		
Taxes, Licenses & Fees	\$1.06	\$3.98	\$4.26	301.43%	6.93%
Exchange Fee	\$0.00	\$0.00	\$0.00		
Reinsurance	\$0.00	\$0.00	\$0.00		
All Other Admin Expense	\$39.80	\$42.17	\$47.10	18.34%	11.69%
Profit/Risk Margin	\$9.68	\$5.19	\$13.07	35.05%	152.07%
Total	\$50.54	\$51.34	\$64.43	27.48%	25.50%
Variable	\$25.38	\$24.58	\$32.30	27.26%	31.43%
Non-Variable	\$25.16	\$26.76	\$32.13	27.71%	20.06%
Total	\$50.54	\$51.34	\$64.43	27.48%	25.50%

	As % of Premium during	As % of Premium from Most Recent Approved	Proposed As % of Premium	Proposed Change in % of Premium Compared	Proposed Change in % of Premium Compared to Most Recently Approved
	the experience period	Rate Filing	for Effective Date	to Prior 12 months	Filing
Commissions & Brokers Fees	0.00%	0.00%	0.00%		
Taxes, Licenses & Fees	0.21%	0.69%	0.62%	197.24%	-10.45%
Exchange Fee	0.00%	0.00%	0.00%		
Reinsurance	0.00%	0.00%	0.00%		
All Other Admin Expense	7.81%	7.32%	6.85%	-12.37%	-6.46%
Profit/Risk Margin	1.90%	0.90%	1.90%	0.00%	111.11%
Total	9.92%	8.91%	9.36%	-5.61%	5.11%
Variable	4.98%	4.27%	4.70%	-5.77%	10.08%
Non-Variable	4.94%	4.64%	4.67%	-5.44%	0.55%
Total	9.92%	8.91%	9.36%	-5.61%	5.11%

Trend & Projection Assumptions

Incurred (1) Choose the option based on how pricing is developed (i.e., if allowed trends are used in projections, select "Allowed"). Historical Experience (ACA Only):

										Normalized Monthly			
Monthly Trend Analysis Based on			Monthly Incurred Claims \$		Annualized Rolling 6 Mo	Annualized Rolling 3 Mo		Average Age/Gender		Incurred Claims \$	Normalized Rolling 12	Normalized Annualized	Normalized Annualized
Experience Data Time Period	Month	Member Months	PMPM*	Rallina 12 Mo Trend	Trend	Trend	Average Benefit Factor	Factor	Other Factor	PMPM*	Mo Trend	Rolling 6 Mo Trend	Rolling 3 Mo Trend
Used for Rate Development (ACA Only)	Jan-2018	10.678	\$246.99				1.00	1.00	1.00	\$246.99	1		
	Feb-2018	10.670	\$281.85				1.00	1.00	1.00	\$282.52			
	Mar-2018	10.751	\$326.72				1.00	1.00	1.00	\$328.10			
	Apr-2018	10.667	\$314.74				1.00	0.99	1.00	\$317.28			
	May-2018	10.747	\$348.27				1.00	0.99	1.00	\$351.32			
	Jun-2018	10.803	\$376.65			118,10%	1.00	0.99	1.00	\$381.13			124.51%
	Jul-2018		\$392.38			114.57%	1.00	0.99	1.00	\$398.08			120.52%
	Aug-2018	10,977	\$441.49			124.04%	1.00	0.99	1.00	\$448.36			130.38%
	Sep-2018		\$349.06			67.10%	1.00	0.99	1.00	\$354.87			71.01%
	Oct-2018	11.092	\$471.03			62.26%	1.00	0.98	1.00	\$480.25			65.82%
	Nov-2018	11.150	\$512.06			46.62%	1.00	0.98	1.00	\$523.14			49.83%
	Dec-2018	11.057	\$438.75		88.84%	109.22%	1.00	0.98	1.00	\$450.22		93.69%	114.86%
	Jan-2019	14.224	\$459.48		71.71%	55.16%	0.97	0.98	1.00	\$482.16		77.72%	65.25%
	Feb-2019	14,285	\$355.39		36.52%	-22.99%	0.97	0.98	1.00	\$373.48		42.24%	-15.68%
	Mar-2019	14.336	\$423.81		40.63%	-42.48%	0.97	0.98	1.00	\$446.50		47.59%	-35.69%
	Apr-2019	14.350	\$429.03		19.27%	-45.72%	0.97	0.98	1.00	\$452.57		26.10%	-41.45%
	May-2019	14.351	\$505.22		5.28%	40.09%	0.97	0.98	1.00	\$532.96		12.05%	46.36%
	Jun-2019	14.201	\$413.12		-1.49%	40.22%	0.97	0.98	1.00	\$435.80		5.17%	42.18%
	Jul-2019	14,100	\$452.67		-7.10%	65.95%	0.97	0.98	1.00	\$479.43		-1.85%	67.88%
	Aug-2019	14,006	\$398.30		3.88%	-24.92%	0.97	0.98	1.00	\$421.93		8.79%	-23.97%
	Sep-2019	13.929	\$397.41		-3.02%	-26.30%	0.97	0.97	1.00	\$422.09		0.71%	-24.83%
	Oct-2019	13.843	\$477.37		3.52%	-25.88%	0.97	0.97	1.00	\$507.33		6.58%	-24.42%
	Nov-2019	13.755	\$448.46		-1.86%	19.92%	0.97	0.97	1.00	\$477.38		0.26%	22.36%
	Dec-2019	13,529	\$462.50	15.70%	3.85%	52.83%	0.97	0.97	1.00	\$493.12	20.70%	5.68%	55.34%
	Jan-2020	15.974	\$430.01	9.47%	2.54%	22.23%	0.97	0.97	1.00	\$456.40	13.74%	4.08%	23.38%
	Feb-2020	15.923	\$429.08	9.71%	1.35%	-1.46%	0.97	0.97	1.00	\$456.23	13.67%	2.76%	-1.31%
	Mar-2020	15.815	\$376.97	6.49%	1.24%	-37.13%	0.97	0.97	1.00	\$401.47	9.95%	2.47%	-37.44%
	Apr-2020	15.625	\$323.91	1.94%	-13.53%	-48.97%	0.97	0.97	1.00	\$345.62	4.95%	-12.61%	-48.79%
	May-2020	15.333	\$408.41	-3.11%	-12.20%	-49.95%	0.97	0.96	1.00	\$437.19	-0.50%	-11.38%	-49.19%
	Jun-2020	15.271	\$592.03	-0.04%	-5.91%	30.54%	0.97	0.96	1.00	\$634.71	2.50%	-5.13%	34.10%
	Jul-2020	15.342	\$510.98	0.07%	1.88%	218.69%	0.97	0.96	1.00	\$547.98	2.39%	3.03%	226.97%
	Aug-2020		\$520.60	3.28%	6.67%	359.74%	0.97	0.96	1.00	\$558.51	5.45%	8.10%	368.16%
	Sep-2020	15.215	\$502.52	4.58%	19.33%	81.63%	0.97	0.96	1.00	\$539.36	6.58%	21.10%	83.35%
	Oct-2020	15.004	\$519.64	5.14%	54.13%	8.65%	0.97	0.96	1.00	\$559.17	6.92%	56.60%	9.58%
	Nov-2020	14.805	\$445.74	6.07%	62.93%	-33.01%	0.97	0.96	1.00	\$480.05	7.60%	65.50%	-32.27%
Last Month in Experience Period	Dec-2020	14.507	\$554.96	7.26%	42.70%	-3.76%	0.97	0.96	1.00	\$599.12	8.63%	44.95%	-2.04%

Last Month in Experience Period Add more rows if needed.

If applicable, please provide an explanation for the Other normalization factor.

The Department is requesting each carrier provide additional trend exhibits, in excel with working formulas, that are similar to the aggregate information provided above. These exhibits should provide the data by Service Category, Metal Tier, etc. that are used by the Company in the trend development, Please state where in the filing it is located.

fease see the tabs "Med Trends by Category" and "Rx Trend by Category" for the historical incurred claims by Med category (IP/OP/PHY) and Rx category (Generic/Brand/Specialty).

Solvency

	Most Recent Quarterly	Most Recent Annual
	Financial Statement	Financial Statement
Total Adjusted Capital	417,912,602	417,912,602
Authorized Control Level	97,334,785	97,334,785
RBC Ratio	429.36%	429.36%

Loss Ratio

					Earned	Loss
Time Period	Period Beginning Date	Period Ending Date	Member Months	Incurred Claims	Premium	Ratio
Historical Year -4	1/1/2016	12/31/2016	44,803	15,184,762	18,709,397	81.2%
Historical Year -3	1/1/2017	12/31/2017	79,780	32,322,078	35,139,766	92.0%
Historical Year -2	1/1/2018	12/31/2018	130.601	57.361.569	59.583.181	96.3%
Historical Year -1	1/1/2019	12/31/2019	168.909	82.463.588	88.374.377	93.3%
Historical Year 0	1/1/2020	12/31/2020	184.145	95.173.207	105.176.742	90.5%
Historical Totals			608,238	282,505,204	306,983,463	92.0%

Interim Time Period	1/1/2021	2/28/2021	30,672	16,207,073	18,020,774	89.9%
		-				
Future Year 1	1/1/2022	12/31/2022	184,452	114,808,874	126,899,439	90.5%

Expected	A-to-E
Incurred Claims	Claims Ratio
16,392,792	92.6%
31,612,467	102.2%
52.484.501	109.3%
79.989.161	103.1%
93.831.797	101.4%
274.310.718	103.0%
16,390,650	98.9%

Quality Improvement	Adjustments	Adj Medica
Expenses	to Earned Premium	Loss Ratio
141.533	601.588	84.6%
280.028	241.118	93.4%
497.590	939.458	98.7%
672.258	179.044	94.3%
464.045	1.754.276	92.5%
2,055,454	3,715,484	93.8%
79,612	123,244	91.0%
521.261	784.879	91.4%

Anticipated Pricing Loss Ratio (no adjustments)	90.5%
Anticipated LR using Federally-prescribed MLR methodology	91.5%

MLK methodoxov

Mote:

The historical time periods should represent calendar years since the inception date of the plan type through the most recent date available allowing for the appropriate amount of run-out. The interim time period to time periods available in the current year.

The future year should represent the 12 months immediately following the rate effective date.

Consumer Adjusted Premium Rate Development
Section III of IVS2 of the 2022 URINT requires that the Issuer provide the Actuarial Value and cost-sharing design of the plan. The Department requires that the issuer provide the breakdown of this value between Cost Sharing Only and Induced Utilization for every plan in the URRT. (Add additional columns as needed to include all plans shown on the URRT.)
Please see the exemple below.

Actuarial value and Cost-Sharing De-	sian of the Plan	(add additional columns as	needed to include all plans :	shown in Section III of WS	2 of the 2022 URRT)													
Plan ID (Standard Component ID) (From Line 3.1 of the URRT)	77566VT0040001	77566VT0040002	77566VT0040004	77566VT0040023	77566VT0040005	77566VT0040006	77566VT0040024	77566VT0040007	77566VT0040030	77566VT0040031	77566VT0040029	77566VT0040028	77566VT0040009	77566VT0040010	77566VT0040025	77566VT0040026	77566VT0040011	1 77566VT004001
AV and Cost-Sharing Design of Plan (From Line 3.3 of the URRT)	1.032	0.837	0.882	0.858	0.853	0.831	0.835	0.809	0.756	0.733	0.736	0.711	0.626	0.631	0.654	0.639	0.619	0.369
Paid/Allowed Ratio (Cost-Sharing only)	0.897	0.780	0.809	0.794	0.724	0.708	0.711	0.692	0.724	0.708	0.710	0.692	0.622	0.626	0.645	0.632	0.616	0.609
Used Induced utilization factors	1.150	1.074	1.090	1.080	1.179	1.173	1.174	1.169	1.044	1.035	1.036	1.028	1.007	1.009	1.015	1.011	1.005	0.606
Calculated (This value should equal value on Row 192)	1.032	0.837	0.882	0.858	0.853	0.831	0.835	0.809	0.756	0.733	0.736	0.711	0.626	0.631	0.654	0.639	0.619	0.369

In the text box, please state where in the filing it is located.

Please see the columns' Benefit Actuariat Value" and 'Induced Utilization Factor' on Exhibit 7 of the rate filing. In addition, note that this value in the URRT also includes the value of the CSR load on the On Exchange Silver plans. For the purpose of induced utilization in this file, the CSR loading is included.

Risk Adjustment

	Actual Risk Adjustment	Assumed in Most Recent	Assumed in Current Rate	Proposed Change in PMPM Compared to	Proposed Change in PMPM Compared to Most Recently Approved
	Received	Approved Rate Filing	Filing	Prior 12 months	Filing
Time Period	1/1/2020	1/1/2021	1/1/2022		
Total Risk adjustment (Dollar amount)	(\$5,466,281)	(\$12,427,941)	(\$17,252,086)		
Membership Member Months	184,145	193,644	184,452	0.17%	-4.75%
PMPM	(\$29.68)	(\$64.18)	(\$93.53)	215.08%	45.73%
Premium	\$105,176,742	\$114,196,805	\$126,899,439	20.65%	11.12%
As a % of Premium	.6%	-11%	-14%	161 58%	24 92%

If the actual risk adjustment payable/receivable was more than 20% different than what was estimated in the previous filing, please provide details on how the current risk adjustment estimate has addressed prior results.

The current rate filing uses unmerged risk adjustment while the previous rate filings were merged. This is driving the large variance.

Trend & Projection Assumptions For Inpatient Claims

, , , , , , , , , , , , , , , , , , , ,	Historical Experience (ACA Only):	Incurred or Allowed Basis? ⁽¹⁾ :	Incurred	(1) Choose the option based	on how pricing is	developed (i.e.,	f allowed	trends are	used in	projections, sel	ect "Allowe	d").	
			Monthly				Averag	Average		Monthly	ed	d	d
			Incurred		Annualized	Annualized	e	Age/Gen		Incurred	Rolling	Annualized	Annualized
			Claims \$		Rolling 6 Mo	Rolling 3 Mo	Benefit	der	Other	Claims \$	12 Mo	Rolling 6	Rolling 3
Monthly Trend Analysis Based on Experience Data Time Period	Month	Member Months	PMPM*	Rolling 12 Mo Trend	Trend	Trend	Factor	Factor	Factor	PMPM*	Trend	Mo Trend	Mo Trend
used for Rate Development (ACA Only)	Jan-2018	10,678	\$25.92				1.00	1.00	1.00	\$25.92			
	Feb-2018	10,670	\$39.49				1.00	1.00	1.00	\$39.58			
	Mar-2018	10,751	\$60.19				1.00	1.00	1.00	\$60.44			
	Apr-2018	10,667	\$32.42				1.00	0.99	1.00	\$32.68			
	May-2018	10,747	\$44.87				1.00	0.99	1.00	\$45.26			
	Jun-2018	10,803	\$73.12			106.22%	1.00	0.99	1.00	\$73.99			112.34%
	Jul-2018	10,925	\$81.33			419.23%	1.00	0.99	1.00	\$82.51			435.26%
	Aug-2018	10,977	\$93.70			960.93%	1.00	0.99	1.00	\$95.16			993.08%
	Sep-2018	11,084	\$44.38			347.25%	1.00	0.99	1.00	\$45.12			356.64%
	Oct-2018	11,092	\$77.08			34.55%	1.00	0.98	1.00	\$78.59			37.20%
	Nov-2018	11,150	\$130.10			5.82%	1.00	0.98	1.00	\$132.92			8.33%
	Dec-2018	11,057	\$65.74		217.51%	141.80%	1.00	0.98	1.00	\$67.46		225.35%	148.27%
	Jan-2019	14,224	\$150.86		202.31%	652.38%	0.97	0.98	1.00	\$158.31		214.53%	709.96%
	Feb-2019	14,285	\$56.58		90.07%	50.86%	0.97	0.98	1.00	\$59.46		98.75%	66.19%
	Mar-2019	14,336	\$73.29		123.94%	10.98%	0.97	0.98	1.00	\$77.21		135.19%	23.95%
	Apr-2019	14,350	\$74.52		74.59%	-89.13%	0.97	0.98	1.00	\$78.61		84.43%	-88.39%
	May-2019	14,351	\$91.98		6.94%	-45.51%	0.97	0.98	1.00	\$97.03		13.88%	-43.53%
	Jun-2019	14,201	\$66.78		8.80%	-52.01%	0.97	0.98	1.00	\$70.44		16.07%	-51.25%
	Jul-2019	14,100	\$84.64		-39.90%	101.20%	0.97	0.98	1.00	\$89.64		-36.89%	103.55%
	Aug-2019	14,006	\$65.31		-26.65%	-33,27%	0.97	0.98	1.00	\$69.18		-23.53%	-32.41%
	Sep-2019	13,929	\$62.67		-35.21%	-30,95%	0.97	0.97	1.00	\$66.56		-32.83%	-29.59%
	Oct-2019	13,843	\$82.08		-31.42%	-44.71%	0.97	0.97	1.00	\$87.23		-29.35%	-43.63%
	Nov-2019	13,755	\$90.97		-23.61%	39.50%	0.97	0.97	1.00	\$96.84		-22.00%	42.36%
	Dec-2019	13,529	\$94.58	28.71%	-12.84%	149.93%	0.97	0.97	1.00	\$100.85	34.11%	-11.20%	154.20%
	Jan-2020	15,974	\$99.44	2.78%	23.17%	242.77%	0.97	0.97	1.00	\$105.54	6,47%	25.02%	245.80%
	Feb-2020	15,923	\$108.74	7.67%	41.02%	176.61%	0.97	0.97	1.00	\$115.62	11.32%	42.97%	176.82%
	Mar-2020	15,815	\$69.81	5.93%	49.89%	16.93%	0.97	0.97	1.00	\$74.35	9.19%	51.70%	16.27%
	Apr-2020	15,625	\$83.25	2.91%	45.09%	-29.26%	0.97	0.97	1.00	\$88.82	5.86%	46.65%	-28.97%
	May-2020	15,333	\$114.02	0.78%	58.73%	-40.86%	0.97	0.96	1.00	\$122.06	3.51%	60.21%	-39.86%
	Jun-2020	15,271	\$183.65	13.65%	87.29%	247.72%	0.97	0.96	1.00	\$196.88	16.61%	88.96%	257.57%
	Jul-2020	15,342	\$91.85	13.97%	70.73%	387.38%	0.97	0.96	1.00	\$98.50	16.65%	72.68%	399.91%
	Aug-2020	15,331	\$87.78	19.28%	34.30%	244.90%	0.97	0.96	1.00	\$94.17	21.79%	36.10%	250.65%
	Sep-2020	15.215	\$98.83	21.32%	45.28%	-71.14%	0.97	0.96	1.00	\$106.08	23.72%	47.40%	-70.88%
	Oct-2020	15,004	\$48.02	17.34%	30.77%	-86.69%	0.97	0.96	1.00	\$51.68	19.38%	32.76%	-86.59%
	Nov-2020	14,805	\$63.30	18.15%	1.98%	-88,66%	0.97	0.96	1.00	\$68.17	19.79%	3,47%	-88,55%
Last Month in Experience Period		14,507	\$70.08	12.84%	-50.64%	-82.12%	0.97	0.96	1.00	\$75.66	14.22%	-49.95%	-81.80%
Edot month in Experience i enou	500 2020	11,001	\$10.00	12.0770	30.0170	02.1273	0.77	0.70	1.00	975.00	1 11.22/0	17.7570	31.0070

Trend	& Projection	Assumptions	For Outpatient	Claims

	Historical Experience (ACA Only):	Incurred or Allowed Basis?(1):	Incurred	(1) Choose the option based	on how pricing is	developed (i.e.,	if allowed	trends are	e used in	projections, sei	lect "Allowe	ed").	
			Monthly	•			Averag	Average		Monthly	ed	d	d
			Incurred		Annualized	Annualized	e	Age/Gen		Incurred	Rolling	Annualized	Annualize
			Claims \$		Rolling 6 Mo	Rolling 3 Mo	Benefit	der	Other	Claims \$	12 Mo	Rolling 6	Rolling 3
Monthly Trend Analysis Based on Experience Data Time Period	Month .	Member Months	PMPM*	Rolling 12 Mo Trend	Trend	Trend	Factor	Factor	Factor	PMPM*	Trend	Mo Trend	Mo Trend
used for Rate Development (ACA Only	Jan-2018	10,678	\$119.21				1.00	1.00	1.00	\$119.21			
	Feb-2018	10,670	\$137.55				1.00	1.00	1.00	\$137.88			
	Mar-2018	10,751	\$140.62				1.00	1.00	1.00	\$141.21			
	Apr-2018	10,667	\$148.84				1.00	0.99	1.00	\$150.04			
	May-2018	10,747	\$158.41				1.00	0.99	1.00	\$159.80			
	Jun-2018	10,803	\$155.01			83.07%	1.00	0.99	1.00	\$156.85			88.44%
	Jul-2018	10,925	\$157.16			47.50%	1.00	0.99	1.00	\$159.45			51.52%
	Aug-2018	10,977	\$183.71			50.52%	1.00	0.99	1.00	\$186.56			54.75%
	Sep-2018	11,084	\$157.65			35.18%	1.00	0.99	1.00	\$160.28			38.41%
	Oct-2018	11,092	\$202.62			78.55%	1.00	0.98	1.00	\$206.58			82.56%
	Nov-2018	11,150	\$195.25			57.33%	1.00	0.98	1.00	\$199.47			60.69%
	Dec-2018	11,057	\$191.30		60.13%	95.15%	1.00	0.98	1.00	\$196.30		64.31%	100.43%
	Jan-2019	14,224	\$171.53		49.78%	7.87%	0.97	0.98	1.00	\$180.00		54.92%	14.70%
	Feb-2019	14,285	\$170.99		31.77%	-16.82%	0.97	0.98	1.00	\$179.70		37.33%	-8.92%
	Mar-2019	14,336	\$196.28		36.20%	-30.00%	0.97	0.98	1.00	\$206.79		43.09%	-21.72%
	Apr-2019	14,350	\$186.46		19.12%	-0.42%	0.97	0.98	1.00	\$196.69		26.06%	7.55%
	May-2019	14,351	\$236.45		20.18%	85.50%	0.97	0.98	1.00	\$249.44		27.96%	93.88%
	Jun-2019	14,201	\$197.86		13.62%	76.19%	0.97	0.98	1.00	\$208.72		21.32%	78.56%
	Jul-2019	14,100	\$202.83		17.47%	75.57%	0.97	0.98	1.00	\$214.82		24.24%	77.62%
	Aug-2019	14,006	\$181.14		22.84%	-21.99%	0.97	0.98	1.00	\$191.88		28.65%	-21.02%
	Sep-2019	13,929	\$180.93		11.87%	-31.41%	0.97	0.97	1.00	\$192.16		16.07%	-30.04%
	Oct-2019	13,843	\$220.93		21.37%	-30.16%	0.97	0.97	1.00	\$234.80		24.83%	-28.76%
	Nov-2019	13,755	\$195.96		4.56%	11.30%	0.97	0.97	1.00	\$208.59		6.78%	13.58%
	Dec-2019	13,529	\$196.99	19.82%	3.26%	39.54%	0.97	0.97	1.00	\$210.04	25.04%	5.05%	41.80%
	Jan-2020	15,974	\$191.19	17.62%	-4.09%	0.55%	0.97	0.97	1.00	\$202.92	22.29%	-2.65%	1.47%
	Feb-2020	15,923	\$176.57	15.92%	-6.86%	-21.08%	0.97	0.97	1.00	\$187.74	20.10%	-5.57%	-20.96%
	Mar-2020	15,815	\$159.24	10.72%	-8.52%	-45.71%	0.97	0.97	1.00	\$169.59	14.30%	-7.41%	-45.97%
	Apr-2020	15,625	\$113.09	5.10%	-29.23%	-64.79%	0.97	0.97	1.00	\$120.67	8.15%	-28.48%	-64.67%
	May-2020	15,333	\$161.81	-2.29%	-28.77%	-64.78%	0.97	0.96	1.00	\$173.21	0.26%	-28.12%	-64.25%
	Jun-2020	15,271	\$225.96	-2.68%	-24.04%	-19.32%	0.97	0.96	1.00	\$242.25	-0.30%	-23.43%	-17.09%
	Jul-2020	15,342	\$231.28	-3.12%	-16.48%	259.51%	0.97	0.96	1.00	\$248.02	-0.94%	-15.52%	269.01%
	Aug-2020	15,331	\$231.62	-0.69%	-6.61%	534.78%	0.97	0.96	1.00	\$248.48	1.35%	-5.34%	546.55%
	Sep-2020	15,215	\$230.13	0.69%	10.32%	270.28%	0.97	0.96	1.00	\$247.00	2.56%	11.99%	273.67%
	Oct-2020	15,004	\$276.92	2.26%	74.48%	102.22%	0.97	0.96	1.00	\$297.98	3.96%	77.37%	104.03%
	Nov-2020	14,805	\$179.88	1.55%	91.19%	-0.74%	0.97	0.96	1.00	\$193.72	3.02%	94.29%	0.35%
Last Month in Experience Period	Dec-2020	14,507	\$243,28	3.21%	84.01%	4.36%	0.97	0.96	1.00	\$262.64	4.54%	86.97%	6.18%

Trend & Projection Assumptions For Physician Claims

,	Historical Experience (ACA Only):	Incurred or Allowed Basis? ⁽¹⁾ :	Incurred	(1) Choose the option based	on how pricing is	developed (i.e.,	f allowed	trends are	used in	projections, sel	lect "Allowe	rd").	
			Monthly				Averag	Average		Monthly	ed	d	d
			Incurred		Annualized	Annualized	e	Age/Gen		Incurred	Rolling	Annualized	Annualized
			Claims \$		Rolling 6 Mo	Rolling 3 Mo	Benefit	der	Other	Claims \$	12 Mo	Rolling 6	Rolling 3
Monthly Trend Analysis Based on Experience Data Time Period	Month	Member Months	PMPM*	Rolling 12 Mo Trend	Trend	Trend	Factor	Factor	Factor	PMPM*	Trend	Mo Trend	Mo Trend
used for Rate Development (ACA Only)	Jan-2018	10,678	\$75.73				1.00	1.00	1.00	\$75.73			
	Feb-2018	10,670	\$77.42				1.00	1.00	1.00	\$77.60			
	Mar-2018	10,751	\$92.19				1.00	1.00	1.00	\$92.58			
	Apr-2018	10,667	\$97.15				1.00	0.99	1.00	\$97.93			
	May-2018	10,747	\$109.25				1.00	0.99	1.00	\$110.21			
	Jun-2018	10,803	\$106.64			164.94%	1.00	0.99	1.00	\$107.91			172.73%
	Jul-2018	10,925	\$102.93			103.84%	1.00	0.99	1.00	\$104.43			109.25%
	Aug-2018	10,977	\$108.42			28.63%	1.00	0.99	1.00	\$110.11			32.18%
	Sep-2018	11,084	\$95.15			-8.25%	1.00	0.99	1.00	\$96.74			-6.07%
	Oct-2018	11,092	\$126.53			15.04%	1.00	0.98	1.00	\$129.00			17.66%
	Nov-2018	11,150	\$120.34			33.88%	1.00	0.98	1.00	\$122.94			36.79%
	Dec-2018	11,057	\$114.58		43.05%	93.59%	1.00	0.98	1.00	\$117.57		46.72%	98.81%
	Jan-2019	14,224	\$103.56		29.43%	7.45%	0.97	0.98	1.00	\$108.67		33.82%	14.20%
	Feb-2019	14,285	\$92.34		10.01%	-34.47%	0.97	0.98	1.00	\$97.04		14.56%	-28.32%
	Mar-2019	14,336	\$110.01		13.67%	-48.68%	0.97	0.98	1.00	\$115.90		19.31%	-42.61%
	Apr-2019	14,350	\$113.86		0.53%	-21.60%	0.97	0.98	1.00	\$120.11		6.37%	-15.28%
	May-2019	14,351	\$126.85		0.00%	68.67%	0.97	0.98	1.00	\$133.81		6.46%	76.48%
	Jun-2019	14,201	\$103.13		-5.39%	59.79%	0.97	0.98	1.00	\$108.79		1.03%	61.96%
	Jul-2019	14,100	\$111.77		-2.52%	36.56%	0.97	0.98	1.00	\$118.37		3.10%	38.13%
	Aug-2019	14,006	\$102.74		6.84%	-32.73%	0.97	0.98	1.00	\$108.83		12.00%	-31.88%
	Sep-2019	13,929	\$104.59		0.89%	-25.89%	0.97	0.97	1.00	\$111.08		4.80%	-24.40%
	Oct-2019	13,843	\$122.17		6.45%	-13.86%	0.97	0.97	1.00	\$129.83		9.55%	-12.16%
	Nov-2019	13,755	\$109.59		-1.97%	25.67%	0.97	0.97	1.00	\$116.65		0.16%	28.21%
	Dec-2019	13,529	\$112.66	6.89%	4.18%	35.78%	0.97	0.97	1.00	\$120.12	11.56%	5.99%	37.98%
	Jan-2020	15,974	\$106.28	4.78%	-0.23%	-1.68%	0.97	0.97	1.00	\$112.80	8.97%	1.28%	-0.76%
	Feb-2020	15,923	\$94.55	3.99%	-6.25%	-25.73%	0.97	0.97	1.00	\$100.53	7.83%	-4.95%	-25.60%
	Mar-2020	15,815	\$86.63	0.57%	-10.42%	-51.46%	0.97	0.97	1.00	\$92.26	3.92%	-9.34%	-51.70%
	Apr-2020	15,625	\$73.50	-4.02%	-25.49%	-63.53%	0.97	0.97	1.00	\$78.43	-1.14%	-24.70%	-63.39%
	May-2020	15,333	\$79.49	-9.15%	-29.00%	-65.25%	0.97	0.96	1.00	\$85.10	-6.70%	-28.37%	-64.74%
	Jun-2020	15,271	\$115.38	-7.84%	-29.79%	-24.58%	0.97	0.96	1.00	\$123.70	-5.51%	-29.25%	-22.54%
	Jul-2020	15,342	\$122.19	-7.51%	-24.55%	139.37%	0.97	0.96	1.00	\$131.04	-5.38%	-23.70%	145.62%
	Aug-2020	15,331	\$111.37	-6.38%	-17.61%	349.01%	0.97	0.96	1.00	\$119.48	-4.42%	-16.51%	357.55%
	Sep-2020	15,215	\$110.66	-6.38%	-5.00%	172.36%	0.97	0.96	1.00	\$118.77	-4.62%	-3.58%	175.05%
	Oct-2020	15,004	\$115.77	-6.67%	27.61%	28.79%	0.97	0.96	1.00	\$124.58	-5.12%	29.68%	29.89%
	Nov-2020	14,805	\$106.76	-6.22%	53.43%	-16.82%	0.97	0.96	1.00	\$114.98	-4.87%	55.93%	-15.89%
Last Month in Experience Period	Dec-2020	14,507	\$125.71	-5.16%	55.10%	4.48%	0.97	0.96	1.00	\$135.71	-3.96%	57.65%	6.35%

Trend & Projection Assumptions For RX Generic Claims

Historical Experience (ACA Only): 1 Basis? (1): Incurred (1) Choose the option based on how pricing is developed (i.e., if allowed trends are used in projections, select "

	Historical Experience (ACA Only):	1 Basis? ':	Incurred	(1) Choose			ow pricing	is developed	d (1.e., 1f a		ds are used		
					Annualiz					d		d	d
			Monthly		ed	ed					Normalize		
			Incurred	Rolling		Rolling 3			0.1		d Rolling		
		Member	Claims \$ PMPM*	12 Mo	Mo .	Mo .		Age/Gend er Factor	Other	Claims \$ PMPM*	12 Mo	6 Mo	3 Mo
Monthly Trend Analysis Based on Experience Data Time Period		Months 10.678	\$5.39	Trend	Trend	Trend	Factor 1.00	er Factor	Factor 1.00	\$5.39	Trend	Trend	Trend
used for Rate Development (ACA Only		10,678	\$5.73				1.00	1.00	1.00	\$5.75			-
	Feb-2018	10,670	\$6.56				1.00		1.00	\$6.58			-
	Mar-2018							1.00					\vdash
	Apr-2018	10,667 10,747	\$7.60 \$7.37				1.00	0.99	1.00	\$7.66 \$7.43			-
	May-2018												
	Jun-2018	10,803	\$8.45			207.40%	1.00	0.99	1.00	\$8.55			216.49%
	Jul-2018	10,925	\$7.41			85.89%	1.00	0.99	1.00	\$7.52			90.82%
	Aug-2018	10,977	\$8.61			67.20%	1.00	0.99	1.00	\$8.75			71.80%
	Sep-2018	11,084	\$9.13			33.47%	1.00	0.99	1.00	\$9.29			36.66%
	Oct-2018	11,092	\$11.43			149.60%	1.00	0.98	1.00	\$11.65			155.29%
	Nov-2018	11,150	\$11.88			209.45%	1.00	0.98	1.00	\$12.14			216.24%
	Dec-2018	11,057	\$13.57		128.17%	360.78%	1.00	0.98	1.00	\$13.92		134.24%	373.57%
	Jan-2019	14,224	\$8.43		110.10%	66.20%	0.97	0.98	1.00	\$8.85		117.06%	75.60%
	Feb-2019	14,285	\$9.21		85.85%	-22.55%	0.97	0.98	1.00	\$9.68		93.32%	-15.76%
	Mar-2019	14,336	\$11.03		76.28%	-63.38%	0.97	0.98	1.00	\$11.62		84.82%	-59.08%
	Apr-2019	14,350	\$10.38		46.74%	-27.06%	0.97	0.98	1.00	\$10.95		54.91%	-20.75%
	May-2019	14,351	\$11.81		25.24%	41.83%	0.97	0.98	1.00	\$12.46		33.04%	49.19%
	Jun-2019	14,201	\$10.00		-3.87%	58.77%	0.97	0.98	1.00	\$10.55		2.54%	60.85%
	Jul-2019	14,100	\$10.71		2.05%	27.28%	0.97	0.98	1.00	\$11.34		8.00%	28.78%
	Aug-2019	14,006	\$11.96		10.35%	-6.59%	0.97	0.98	1.00	\$12.67		15.81%	-5.36%
	Sep-2019	13,929	\$9.45		-0.64%	-0.89%	0.97	0.97	1.00	\$10.03		3.31%	1.07%
	Oct-2019	13,843	\$9.00		-1.80%	-23.41%	0.97	0.97	1.00	\$9.57		1.19%	-21.98%
	Nov-2019	13,755	\$8.50		-12.48%	-53.59%	0.97	0.97	1.00	\$9.05		-10.49%	-52.68%
	Dec-2019	13,529	\$9.75	16.23%	-4.74%	-48.29%	0.97	0.97	1.00	\$10.40	21.15%	-3.14%	-47.41%
	Jan-2020	15,974	\$6.11	10.49%	-25.94%	-61.16%	0.97	0.97	1.00	\$6.48	14.78%	-24.84%	-60.71%
	Feb-2020	15,923	\$6.52	4.35%	-45.26%	-55.53%	0.97	0.97	1.00	\$6.93	8.05%	-44.50%	-55.39%
	Mar-2020	15,815	\$10.19	-0.58%	-40.28%	-50.97%	0.97	0.97	1.00	\$10.85	2.60%	-39.53%	-51.15%
	Apr-2020	15,625	\$10.40	-2.80%	-33.82%	61.38%	0.97	0.97	1.00	\$11.09	0.03%	-33.03%	62.03%
	May-2020	15,333	\$12.17	-5.92%	-15.36%	388.49%	0.97	0.96	1.00	\$13.03	-3.39%	-14.41%	395.41%
	Jun-2020	15,271	\$13.89	-3.60%	-1.40%	551.67%	0.97	0.96	1.00	\$14.90	-1.15%	-0.39%	567.85%
	Jul-2020	15,342	\$13.39	-3.56%	49.04%	350.87%	0.97	0.96	1.00	\$14.36	-1.28%	50.87%	361.73%
	Aug-2020	15,331	\$14.33	-3.90%	132.07%	161.47%	0.97	0.96	1.00	\$15.37	-1.80%	135.07%	166.21%
	Sep-2020	15,215	\$14.56	0.06%	150.54%	81.62%	0.97	0.96	1.00	\$15.63	2.06%	154.10%	83.51%
	Oct-2020	15,004	\$13.56	5.35%	155.53%	34.16%	0.97	0.96	1.00	\$14.59	7.24%	159.40%	35.33%
	Nov-2020	14,805	\$13.37	11.68%	129.30%	-1.00%	0.97	0.96	1.00	\$14.40	13.44%	132.64%	0.09%
Last Month in Experience Period		14,507	\$15.85	19.25%	107.59%	4.38%	0.97	0.96	1.00	\$17.11	20.87%	110.60%	6.25%
·													

Trend & Projection Assumptions For RX Brand Claims

Historical Experience (ACA Only): I Basis?⁽¹⁾: Incurred (1) Choose the option based on how pricing is developed (i.e., if allowed trends are used in projections, select "

Annualiz Annualiz

						Annualiz				a		a	a
			Monthly		ed	ed						Annualize	
			Incurred	Rolling		Rolling 3						d Rolling	
		Member	Claims \$	12 Mo	Mo	Mo		Age/Gend	Other	Claims \$	12 Mo	6 Mo	3 Mo
Monthly Trend Analysis Based on Experience Data Time Period	Month	Months	PMPM*	Trend	Trend	Trend	Factor	er Factor	Factor	PMPM*	Trend	Trend	Trend
used for Rate Development (ACA Only)	Jan-2018	10,678	\$13.38				1.00	1.00	1.00	\$13.38			
	Feb-2018	10,670	\$14.91				1.00	1.00	1.00	\$14.95			
	Mar-2018	10,751	\$18.98				1.00	1.00	1.00	\$19.06			
	Apr-2018	10,667	\$20.49				1.00	0.99	1.00	\$20.65			
	May-2018	10,747	\$21.05				1.00	0.99	1.00	\$21.23			
	Jun-2018	10,803	\$21.36			212.89%	1.00	0.99	1.00	\$21.61			221.93%
	Jul-2018	10,925	\$21.91			95.69%	1.00	0.99	1.00	\$22.23			100.90%
	Aug-2018	10,977	\$24.40			56.56%	1.00	0.99	1.00	\$24.78			60.95%
	Sep-2018	11,084	\$23.80			54.54%	1.00	0.99	1.00	\$24.20			58.25%
	Oct-2018	11,092	\$26.42			81.23%	1.00	0.98	1.00	\$26.94			85.23%
	Nov-2018	11,150	\$26.14			62.03%	1.00	0.98	1.00	\$26.70			65.44%
	Dec-2018	11,057	\$27.61		86.05%	70.74%	1.00	0.98	1.00	\$28.33		90.80%	75.41%
	Jan-2019	14,224	\$15.51		42.11%	-33.89%	0.97	0.98	1.00	\$16.27		46.44%	-30.32%
	Feb-2019	14,285	\$16.87		7.45%	-66.40%	0.97	0.98	1.00	\$17.73		11.45%	-63.51%
	Mar-2019	14,336	\$17.76		-9.62%	-84.69%	0.97	0.98	1.00	\$18.71		-5.55%	-82.89%
	Apr-2019	14,350	\$18.36		-26.64%	-61.57%	0.97	0.98	1.00	\$19.36		-22.72%	-58.12%
	May-2019	14,351	\$21.62		-35.39%	-2.76%	0.97	0.98	1.00	\$22.81		-31.40%	2.53%
	Jun-2019	14,201	\$20.22		-46.12%	107.72%	0.97	0.98	1.00	\$21.33		-42.47%	110.52%
	Jul-2019	14,100	\$20.72		-33.42%	94.47%	0.97	0.98	1.00	\$21.94		-29.36%	96.79%
	Aug-2019	14,006	\$21.97		-17.73%	40.84%	0.97	0.98	1.00	\$23.27		-13.40%	42.63%
	Sep-2019	13,929	\$22.04		-2.62%	33.63%	0.97	0.97	1.00	\$23.41		1.61%	36.34%
	Oct-2019	13,843	\$23.45		19.08%	35.03%	0.97	0.97	1.00	\$24.92		23.08%	37.67%
	Nov-2019	13,755	\$22.89		28.28%	39.69%	0.97	0.97	1.00	\$24.37		31.42%	42.50%
	Dec-2019	13,529	\$24.45	-6.03%	50.64%	43.01%	0.97	0.97	1.00	\$26.07	-1.93%	53.26%	45.34%
	Jan-2020	15,974	\$20.94	-3.95%	37.44%	3.13%	0.97	0.97	1.00	\$22.22	-0.01%	39.50%	4.14%
	Feb-2020	15,923	\$19.32	-3.19%	20.63%	-22.03%	0.97	0.97	1.00	\$20.55	0.53%	22.28%	-21.88%
	Mar-2020	15,815	\$26.50	1.24%	20.73%	-20.99%	0.97	0.97	1.00	\$28.23	4.83%	22.17%	-21.32%
	Apr-2020	15,625	\$24.32	4.75%	13.02%	13.17%	0.97	0.97	1.00	\$25.95	8.17%	14.25%	13.68%
	May-2020	15,333	\$23.52	5.27%	11.87%	79.69%	0.97	0.96	1.00	\$25.18	8.42%	12.95%	82.22%
	Jun-2020	15,271	\$26.90	8.43%	8.88%	57.19%	0.97	0.96	1.00	\$28.83	11.46%	9.78%	61.10%
	Jul-2020	15,342	\$27.86	11.74%	19.84%	55.40%	0.97	0.96	1.00	\$29.88	14.59%	21.17%	59.23%
	Aug-2020	15,331	\$27.18	14.61%	39.20%	47.19%	0.97	0.96	1.00	\$29.16	17.23%	40.94%	50.01%
	Sep-2020	15,215	\$24.60	16.14%	26.56%	29.18%	0.97	0.96	1.00	\$26.40	18.46%	28.35%	30.60%
	Oct-2020	15,004	\$31.09	20.03%	35.89%	25.30%	0.97	0.96	1.00	\$33.46	22.11%	38.02%	26.45%
	Nov-2020	14,805	\$26.02	22.27%	38.99%	-1.24%	0.97	0.96	1.00	\$28.02	24.07%	41.16%	-0.10%
Last Month in Experience Period	Dec-2020	14,507	\$34.72	27.10%	46.74%	75.97%	0.97	0.96	1.00	\$37.48	28.68%	49.11%	79.14%

Historical Experience (ACA Only): 1 Basis?⁽¹⁾: Incurred (I) Choose the option based on how pricing is developed (i.e., if allowed trends are used in projections, select " Annualiz Annualiz Monthly ed ed Monthly Normalize Annualize Annualize Incurred d Rolling d Rolling d Rolling Rolling Rolling 6 Rolling 3 Average Average Incurred Claims \$ PMPM* Benefit Age/Gend Other Claims \$ 12 Mo 6 Mo Factor er Factor Factor PMPM* Trend Trend 12 Mo Mo Mo 3 Mo Months Trend Monthly Trend Analysis Based on Experience Data Time Period Month Trend Trend Trend Trend used for Rate Development (ACA Only) Jan-2018 Feb-2018 10,751 \$27.00 10,667 \$27.24 10,747 \$26.03 1.00 \$27.11 1.00 \$27.46 1.00 \$26.26 Mar-2018 1.00 1.00 Apr-2018 May-2018 1.00 10,803 \$30.88 10,925 \$40.22 10,977 \$41.30 \$31.24 \$40.81 33.78% Jun-2018 29.86% 125.77% Jul-2018 119.40% 1.00 285.58% \$41.94 296.72% Aug-2018 11,084 \$37.85 11,092 \$45.57 11,150 \$46.91 Sep-2018 304.22% \$38.48 313.70% Oct-2018 170.60% \$46.47 \$47.92 176.20% 80.38% 84.16% Nov-2018 11,057 \$44.10 14,224 \$27.35 146.62% 71.58% 82.62% -27.09% 153.10% 76.24% 88.18% -23.12% Dec-2018 \$45.25 Jan-2019 \$28.70 Feb-2019 33,86% -70,69% 0.97 \$28.57 38.73% -68.15% Mar-2019 14.16% -83.19% \$34.66 19.24% -81.20% \$45.37 Apr-2019 -4.34% -35.90% -30.12% May-2019 14.351 \$34.51 -27.48% 75.61% 0.97 0.98 \$36.40 -22.94% 84.98% Jun-2019 -40.51% 150.20% -36.46% 153.52% \$42.04 Jul-2019 -18.68% 15.45%

Aug-2019 14,006 \$32.54 -7.21% -19.28% 0.97 0.98 1.00 \$34.47 -2.34% -18.24% 3.99% -6.73% Sep-2019 Oct-2019 -0.29% -8.57% 0.97 \$37.49 \$39.23 -5.49% -6.83% -2.49% -5.05% 13,755 \$38.10 7.84% 23.34% 13,529 \$41.23 0.06% 28.28% 36.15% Nov-2019 \$40.56 10.34% 25.82% \$43.96 4.39% 30.49% 38.42% Dec-2019 15,974 \$29.00 0.60% 2.12% 9.62% \$30.78 4.64% 3.66% 10.75% Jan-2020 Feb-2020 3 \$39.20 3.81% 3.51% -5.83% 5 \$48.20 6.50% 14.19% 0.42% \$41.68 7.70% 4.96% -5.61% \$51.33 10.17% 15.60% 0.04% \$45.59 5.80% 28.55% 118.12% Mar-2020 15,625 \$42.73 2.60% 27.15% 117.34% 0.97 Apr-2020 May-2020 2.41% 25.29% 114.95% \$43.37 5.40% 26.51% 117.84% Jun-2020 6.00% 22.60% 63.76% \$51.86 8.93% 23.63% 67.73% Jul-2020 15,342 \$45.16 7.23% 55.28% 12.61% 0.97 1.00 \$48.43 9.90% 56.91% 15.42% \$46.48 12.39% 53.84% 28.23% \$49.86 14.92% 55.72% 30.71% Aug-2020 14.63% 30.95% 9.20% \$45.99 16.92% 32.77% 10.39% Oct-2020 Nov-2020
 15,004
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 1.00 \$47.10 20.03% 27.60% -1.84% 1.00 \$45.68 22.52% 27.12% -27.00% Last Month in Experience Period \$50.68 23.21% 19.94% 6.86% 0.97 1.00 \$54.72 24.73% 21.82% 8.78%



ACTUARIAL CERTIFICATION FEDERAL ACTUARIAL VALUE ADJUSTMENT VERMONT EXCHANGE Gold 3 HDHP Plus Silver 2 HDHP Plus Silver 2 HDHP Plus II

MVP Health Plan, Inc., a fully owned subsidiary of MVP Health Care, offers a range of products on the Vermont Exchange as well as Silver metal plans off the Exchange. One standard plan is offered at the Platinum and Catastrophic metal levels, while standard and non-standard plans are offered at the remaining levels. Standard plans are prescribed by the State of Vermont and are separately certified where necessary. Non-standard plans are filed at the discretion of MVP. MVP offers three non-standard benefit plans, Gold 3 HDHP Plus, Silver 2 HDHP Plus, and Silver 2 HDHP Plus II, with benefit features that don't fit into the parameters of the Federal Actuarial Value Calculator and therefore are being certified herein. The purpose of this memorandum is to document the actuarial analysis and adjusted actuarial values output from the 2022 Federal Actuarial Value calculator exhibiting compliance with the metal level requirements outlined in 45 CFR 156.140(b).

MVP's benefit pricing model is populated with allowed claim utilization from approximately 204,000 covered MVP commercial members. The data reflects claims paid for 2019 incurred dates, paid as of December 31st, 2020. MVP combines data from all its commercial products and states to increase the credibility in the data set. This data set is considered fully credible and appropriate for use as a benefit pricing tool for MVP's fully insured commercial members. The underlying data is appropriate relative to the Vermont Essential Health Benefit Package.

The model uses traditional continuance table logic to value plan deductibles and OOP maximums as well as average utilization per 1,000 and average unit cost per service data for all the significant services that drive member cost sharing. Specific factor adjustments are included in the methodology to account for family deductible and OOP limits, aggregate deductible types, and the State of Vermont maximum Rx OOP regulation. While reduced copays for 90-day supplies of mail order prescriptions also does not fit into the Federal Actuarial Value calculator, the impact on the Actuarial Value is negligible for all plans and is not reflected in the factors presented. The factor adjustments were derived based on modeling the Net Plan liabilities from this subscriber/member based historical allowed claim data set both with and without these benefit features.

The methodology of MVP's benefit pricing tool is consistent with the methodology underlying the Federal calculator with regard to the following factors: continuance tables that reflect membership enrolled for a full 12 months, out of network costs are not considered in the actuarial values, and the model reflects the anticipated utilization of the standard population buying products at these metal levels without consideration for induced demand.

Pursuant to 45 CFR 156.135(b) one of two permitted alternative methods must be used to determine any final adjusted Federal AV. MVP used the AV Calculator to determine the Federal AV for the plan provisions that fit within the calculator parameters and then calculated an actuarial adjustment factor to apply to the calculator produced AV to account for the plan features that materially deviate from the calculator parameters. The product of the Federal Calculator produced AV times the actuarial adjustment factor is the final Federal AV for the benefit plan. I certify that the adjustments made are appropriate and in accordance with generally accepted actuarial principles and methodologies.

The following 3 benefit features for the Gold 3 HDHP Plus were determined to not fit the Federal Calculator:

VT secondary Rx OOP max

Aggregate Family Deductible

Safe harbor prescription drug benefits excluded from the plan deductible

The following 2 benefit features for the Silver 2 HDHP Plus and Silver 2 HDHP II Plus were determined to not fit the Federal Calculator:

VT secondary Rx OOP max

Safe harbor prescription drug benefits excluded from the plan deductible

The following 2 benefit features for the Silver 2 HDHP Plus 73%, 77% and 87% cost-sharing reduction plans were determined to not fit the Federal Calculator:

VT secondary Rx OOP max

Safe harbor prescription drug benefits excluded from the plan deductible

The following benefit feature for the Silver 2 HDHP Plus 94% cost-sharing reduction plan was determined to not fit the Federal Calculator:

Safe harbor prescription drug benefits excluded from the plan deductible

To determine the adjustment factors, I used MVP's proprietary benefit pricing tool to value the AV for these plans first excluding the above features that don't fit the calculator and a second time with the above benefit changes. The ratio of the two AVs is the actuarial adjustment factor used to modify the Federal Calculator computed AV.

Plan Description	MVP determined AV	Federal AV before/after adjustment
Gold 3 HDHP Plus with no secondary Rx OOP max, with embedded single deductibles and with no safe harbor drug benefit	76.13%	78.74%
Gold 3 HDHP Plus including the secondary Rx OOP max, the aggregate family deductible and the safe harbor drug benefit	75.39%	77.97%
Silver 2 HDHP Plus with no secondary Rx OOP max and with no safe harbor drug benefit	69.18%	69.09%
Silver 2 HDHP Plus including the secondary Rx OOP max and the safe harbor drug benefit	71.07%	70.99%
Silver 2 HDHP Plus 73% CSR with no secondary Rx OOP max and with no safe harbor drug benefit	71.98%	71.85%
Silver 2 HDHP Plus 73% CSR including the secondary Rx OOP max and the safe harbor drug benefit	73.33%	73.20%
Silver 2 HDHP Plus 77% CSR with no secondary Rx OOP max and with no safe harbor drug benefit	75.91%	75.78%
Silver 2 HDHP Plus 77% CSR including the secondary Rx OOP max and the safe harbor drug benefit	76.70%	76.57%
Silver 2 HDHP Plus 87% CSR with no secondary Rx OOP max and with no safe harbor drug benefit	84.93%	87.34%
Silver 2 HDHP Plus 87% CSR including the secondary Rx OOP max and the safe harbor drug benefit	85.07%	87.48%
Silver 2 HDHP Plus 94% CSR with no safe harbor drug benefit	91.64%	93.76%
Silver 2 HDHP Plus 94% CSR including the safe harbor drug benefit	91.65%	93.77%
Silver 2 HDHP Plus II with no secondary Rx OOP max and with no safe harbor drug benefit	69.11%	69.01%
Silver 2 HDHP Plus II including the secondary Rx OOP max and the safe harbor drug benefit	71.01%	70.91%

Actuarial Adjustment factor for Gold 3 Plan: 0.9903 = 75.39% / 76.13%Final Federal AV for Gold 3 Plan: $78.74\% \times 0.9903 = 77.97\%$

Actuarial Adjustment factor for Silver 2 Plan: 1.0275 = 71.08% / 69.18%

Final Federal AV for Silver 2 Plan: 69.09% x 1.0275 = 70.99%

Actuarial Adjustment factor for Silver 2 73% Plan: 1.0188 = 73.33% / 71.98%

Final Federal AV for Silver 2 73% Plan: 71.85% x 1.0188 = 73.20%

Actuarial Adjustment factor for Silver 2 77% Plan: 1.0104 = 76.70% / 75.91%

Final Federal AV for Silver 2 77% Plan: 75.78% x 1.0104 = 76.57%

Actuarial Adjustment factor for Silver 2 87% Plan: 1.0016 = 85.07% / 84.93%

Final Federal AV for Silver 2 87% Plan: 87.34% x 1.0016 = 87.48%

Actuarial Adjustment factor for Silver 2 94% Plan: 1.0001 = 91.65% / 91.64%

Final Federal AV for Silver 2 94% Plan: 93.76% x 1.0001 = 93.77%

Actuarial Adjustment factor for Silver 2 II Plan: 1.0275 = 71.01% / 69.11%

Final Federal AV for Silver 2 II Plan: 69.01% x 1.0275 = 70.91%

CERTIFICATION

I, Matthew Lombardo, Senior Leader, Actuarial Services for MVP Health Care, am a member of the Academy of Actuaries and a Fellow of the Society of Actuaries, and I meet its qualification standards to provide this certification. I have used the 2022 Actuarial Value Calculator to determine the actuarial value for the plan provisions that fit within the calculator and have determined the actuarially appropriate adjustment factors to apply where necessary for the identified plan features that, in my opinion, deviates substantially from the allowable inputs of the Federal calculator. The development of the actuarial value adjustment factor was determined in accordance with generally accepted actuarial principles and practices and conforms with the exception methodology outlined in 45 CFR 156.135 (b)(3).

The final actuarial values reported for each of these benefit plans, those from the Federal Calculator alone, and the adjusted plans, meet the required actuarial values for each respective metal level as outlined in 45 CFR 156.140(b).

Matthew Lombardo, FSA, MAAA Senior Leader, Actuarial Services

When tolars

MVP Health Care

3/10/2021

Date

User Inputs for Plan Parameters		[MVP VT Plus] Bro	inze 1							
Use Integrated Medical and Drug Deductible?			HSA/HRA Options	s	Tie	red Network O	otion			
Apply Inpatient Copay per Day?		HSA/HRA Empl	oyer Contribution	? 🗌	Tiere	d Network Plan?				
Apply Skilled Nursing Facility Copay per Day?					1st	Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending?		Annual Contril	oution Amount:			Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier	Bronze 🔻									
		r 1 Plan Benefit De	sign		Tier	2 Plan Benefit I	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)	\$7,250.00	\$700.00								
Coinsurance (%, Insurer's Cost Share)	50.00%	40.00%								
MOOP (\$)		00.00								
MOOP if Separate (\$)				_						
Click Here for Important Instructions		Tie	r 1			Т	er 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if		
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	Copay applies only	after deductible?
Medical	✓ All	✓ All			✓ All	✓ All			All	☐ All
Emergency Room Services	· /	₹			V	₹				
All Inpatient Hospital Services (inc. MH/SUD)	V	7							H	Ä
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-	•				<u> </u>	<u> </u>				
	✓			\$40.00	✓	✓			✓	
rays)					_	_				_
Specialist Visit	V			\$100.00	V	✓			~	
Mental/Behavioral Health and Substance Use Disorder Outpatient	•			\$40.00	✓	✓			v	
Services					_					_
Imaging (CT/PET Scans, MRIs)	Y	<u> </u>			<u>~</u>	✓				
Speech Therapy	~	'			✓	✓				
	✓	✓			✓	✓				
Occupational and Physical Therapy										
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	~	✓			~	✓				
X-rays and Diagnostic Imaging	✓	~			✓	✓				
Skilled Nursing Facility	✓	~			✓	✓				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	•	•			✓	✓				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)										
Outpatient Surgery Physician/Surgical Services	~	~			✓	✓				
Drugs	✓ All	✓ All			✓ All	✓ All			☐ All	All
Generics				\$19.50	✓	✓				
Preferred Brand Drugs	~			\$100.00	✓	✓			~	
Non-Preferred Brand Drugs	~	~			✓	✓				
Specialty Drugs (i.e. high-cost)	~	v			>	✓				
Options for Additional Benefit Design Limits:			Plan Description	:						
Set a Maximum on Specialty Rx Coinsurance Payments?	П		Name:	[MVP VT Plus] Br	onze 1					
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	[Input Plan HIOS						
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	[Input Issuer HIC	•					
# Days (1-10):			AVC Version:	2022_1b	•					
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):			Generic	\$25						
Begin Primary Care Deductible/Coinsurance After a Set Number of			VBID	\$3						
Copays?	_		10.0	Ų.						
# Copays (1-10):										
Output		_								
Calculate										
Status/Error Messages:	Expanded Bronze	Standard (56% to	65%) Calculation	Successful						
Actuarial Value:	62.61%	Standard (30% to	os/oj, carculatiOH	Juccessiul.						
Metal Tier:	Bronze									
ivicial fiel.		cnocific cost sk:	na is annivina +- :-	-rays in office setti	ngc					
	NOTE: UTILE-VISIT	-specific cost-snari	ing is applying to x	-rays iii orrice setti	ııgs.					
Additional Notes:										
Calculation Time:	0.0791 seconds									
Draft 2022 AV Calculator										

User Inputs for Plan Parameters		[MVP VT Plus] Bi	ronze 5							
Use Integrated Medical and Drug Deductible?	✓		HSA/HRA Option	S	Tie	red Network O	ption			
Apply Inpatient Copay per Day?			yer Contribution			Network Plan?	•			
Apply Skilled Nursing Facility Copay per Day?						Tier Utilization				
Use Separate MOOP for Medical and Drug Spending?		Annual Contril	bution Amount:			Tier Utilization				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?					•					
Desired Metal Tier										
	Tier	1 Plan Benefit De	esign		Tier	2 Plan Benefit	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$7,850.00							
Coinsurance (%, Insurer's Cost Share)			100.00%							
MOOP (\$)			\$7,850.00							
MOOP if Separate (\$)				_						
			_				_			
Click Here for Important Instructions		Tie	er 1			T	er 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay applies	only after
туре от венент	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	deduct	ble?
Medical	✓ All	✓ All			✓ All	✓ All			☐ All	☐ All
Emergency Room Services	>	~			V	V				
All Inpatient Hospital Services (inc. MH/SUD)	V	~			V	▽				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	•	V			✓	✓				
Specialist Visit	V	✓			✓	✓				
Mental/Behavioral Health and Substance Use Disorder Outpatient										
Services	V	✓			~	~				
Imaging (CT/PET Scans, MRIs)	V	✓			V	✓				
Speech Therapy	V	V			V	V				
Occupational and Physical Therapy	•	•			✓	✓				
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00	l	
Laboratory Outpatient and Professional Services	V		100%	Ş0.00	V	✓	100%	Ş0.00		
X-rays and Diagnostic Imaging	<u> </u>	7			V	V			П	
Skilled Nursing Facility	Ž	▽ -			V					
	<u> </u>	<u> </u>			☑	☑				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	V	<u>v</u>			▽	✓ ✓				
Outpatient Surgery Physician/Surgical Services					✓ All	✓ All				All
Drugs	✓ All	✓ All		427.00					□ All	_
Generics				\$27.00	V	V				
Preferred Brand Drugs	V	<u> </u>			▽	V				
Non-Preferred Brand Drugs	V	<u> </u>								
Specialty Drugs (i.e. high-cost)	V	✓			✓	✓				
Options for Additional Benefit Design Limits:		1	Plan Description		_					
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	[Input Plan Nan						
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	[Input Plan HIO	-					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	[Input Issuer HI	OS ID]					
# Days (1-10):			AVC Version:	2022_1b						
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):	_		Generic	\$35						
Begin Primary Care Deductible/Coinsurance After a Set Number of			VBID	\$3						
Copays?										
#Copays (1-10):	3									
Output Calculate										
Status/Error Messages:	Expanded Bronze	e Standard (56% to	o 65%), Calculatio	on Successful.						
Actuarial Value:	64.94%	= (==/0 t	,,							
Metal Tier:	Bronze									
Additional Notes:										
Calculation Time:	0.2031 seconds									

Draft 2022 AV Calculator

User Inputs for Plan Parameters	[1	MVP VT Plus] Go	ld 2							
Use Integrated Medical and Drug Deductible?			HSA/HRA Options	S	Tie	ered Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Empl	oyer Contribution	? 🗌	Tiere	d Network Plan	? 🗆			
Apply Skilled Nursing Facility Copay per Day?		Ammund Combail	h		15	t Tier Utilization	:			
Use Separate MOOP for Medical and Drug Spending?	✓	Annual Contril	bution Amount:		2nd	l Tier Utilization	:			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier	Gold ▼									
	Tier 1	Plan Benefit De	esign		Tier	2 Plan Benefit	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)	\$700.00	\$250.00								
Coinsurance (%, Insurer's Cost Share)	80.00%	50.00%								
MOOP (\$)										
MOOP if Separate (\$)	\$6,500.00	\$1,400.00								
Click Here for Important Instructions		Tie					ier 2		Tier 1	Tier 2
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only	after deductible?
Medical	✓ All	All	uncrent	зеригис	✓ All	✓ All	uniciciit	зерагаес	All	All
Emergency Room Services	V			\$250.00	<u>▼</u> ∧	v			V	
All Inpatient Hospital Services (inc. MH/SUD)	V	~		Ş230.00	V					
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-	T					<u>L</u>				
				\$20.00	✓	✓				
rays)				Ć40.00	~					
Specialist Visit				\$40.00		~				
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$20.00	✓	V				
Services Imaging (CT/PET Scans, MRIs)	V			\$400.00	~	V			~	
Speech Therapy	V	П		\$40.00	₹	₹			V	
эреесіі і петару				340.00						
Occupational and Physical Therapy	✓			\$25.00	✓	✓			~	
Preventive Care/Screening/Immunization			100%	\$0.00		П	100%	\$0.00		
Laboratory Outpatient and Professional Services	~		100%	\$40.00		✓	100%	30.00	~	
X-rays and Diagnostic Imaging	V			\$80.00	▼	₹			V	H
Skilled Nursing Facility	7	<u> </u>		\$80.00	₹	✓				
Skilled Nursing Facility					<u> </u>	<u> </u>				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	•	~			✓	✓				
Outpatient Surgery Physician/Surgical Services	v	~			~	V				
Drugs	✓ All	✓ All			✓ All	✓ All			☐ All	All
Generics				\$11.25	*	~				
Preferred Brand Drugs	~			\$40.00	•	✓			V	
Non-Preferred Brand Drugs	~	~			~	~				
Specialty Drugs (i.e. high-cost)	4	✓			₹.	✓				
Options for Additional Benefit Design Limits:			Plan Description:							
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	[MVP VT Plus] Go	old 2					
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	[Input Plan HIOS	ID]					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	[Input Issuer HIC	OS ID]					
# Days (1-10):			AVC Version:	2022_1b						
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):			Generic	\$15						
Begin Primary Care Deductible/Coinsurance After a Set Number of			VBID	\$1						
Copays?										
# Copays (1-10):										
Output										
Calculate										
Status/Error Messages:	Calculation Successi	ul.								
Actuarial Value:	81.87%									
Metal Tier:	Gold									
Additional Notes:										
Calculation Time:	0.1001 seconds									
Draft 2022 AV Calculator										

User Inputs for Plan Parameters]	MVP VT Plus] Go	ld 3 HDHP							
Use Integrated Medical and Drug Deductible	? 🗸		HSA/HRA Options		Tie	red Network O	ption			
Apply Inpatient Copay per Day?	? 🗆	HSA/HRA Empl	oyer Contribution?	· 🗆	Tiered	d Network Plan?	· 🗆			
Apply Skilled Nursing Facility Copay per Day		Annual Contril	oution Amount:		1st	Tier Utilization:	:			
Use Separate MOOP for Medical and Drug Spending?		Annual Contin	Julion Amount.		2nd	Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier				٦	_					
		L Plan Benefit De		1		2 Plan Benefit [
Deductible (\$	Medical	Drug	\$3,200.00		Medical	Drug	Combined			
Coinsurance (%, Insurer's Cost Share			100.00%							
MOOP (\$			\$3,200.00							
MOOP if Separate (\$			\$3,200.00	_			 			
	,						•			
Click Here for Important Instructions		Tie	r 1			Ti	ier 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay applies only	after deductible
туре от венени	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	copay applies only	arter deductible:
Medical	₹ All	✓ All			✓ All	✓ All			☐ All	All
Emergency Room Services	✓	~			V	✓				
All Inpatient Hospital Services (inc. MH/SUD)	✓	~			✓	✓				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-	✓	•			V	✓				
rays)										
Specialist Visit	•	•			✓	✓				
Mental/Behavioral Health and Substance Use Disorder Outpatient	✓	•			✓	✓				
Services (CT/DET C AND)										
Imaging (CT/PET Scans, MRIs)	V	V			▽	∨				
Speech Therapy										
Occupational and Physical Therapy	✓	~			~	✓				
Preventive Care/Screening/Immunization		П	100%	\$0.00		П	100%	\$0.00		
Laboratory Outpatient and Professional Services	~	~	10070	Ş0.00	<u> </u>	✓	10070	\$0.00	П	
X-rays and Diagnostic Imaging	<u> </u>	<u> </u>			V	<u>~</u>				
Skilled Nursing Facility	V	~				₹				
										П
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	•	~			~	✓				ш
Outpatient Surgery Physician/Surgical Services	•	~			~	✓				
Drugs	✓ All	✓ All			✓ All	✓ All			☐ All	All
Generics	~	~		\$10.00	✓	✓				
Preferred Brand Drugs	~	~		\$15.00	~	✓				
Non-Preferred Brand Drugs	~	<u> </u>	5%		V	<u>~</u>				
Specialty Drugs (i.e. high-cost)	•	✓	5%		~	✓				
Options for Additional Benefit Design Limits:			Plan Description:		112115115					
Set a Maximum on Specialty Rx Coinsurance Payments	_		Name:	[MVP VT Plus] G						
Specialty Rx Coinsurance Maximum Set a Maximum Number of Days for Charging an IP Copay			Plan HIOS ID: Issuer HIOS ID:	[Input Plan HIOS [Input Issuer HIOS	-					
# Days (1-10)			AVC Version:	2022 1b	J3 1D]					
Begin Primary Care Cost-Sharing After a Set Number of Visits?			AVC VEISIOII.	2022_10						
# Visits (1-10)										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays	?									
# Copays (1-10)	:									
Output										
Calculate										
Status/Error Messages:	Calculation Success									
Actuarial Value:	78.74%	0.9903								
Metal Tier:	Gold	AV Adj	Final AV							
Additional Notes:										

Calculation Time:
Draft 2022 AV Calculator

0.2344 seconds

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? Apply Inpatient Copay per Day?
Apply Skilled Nursing Facility Copay per Day?
Use Separate MOOP for Medical and Drug Spending?

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier

Silver

▼

[MVP VT Plus] Reflective Silver 1 II

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution?	Tiered Network Plan?
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier	2 Plan Benefit D	esign					
Medical	Medical Drug Combined						

Click Here for Important Instructions		Tie	er 1			Т	ier 2		Tier 1	Tier 2
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductibl	
Medical	⊒ All	□ All			☑ All	☑ All			⊒ All	□ All
Emergency Room Services	2	3		\$400.00	V	E .			2	-
All Inpatient Hospital Services (inc. MH/SUD)	শ	4			2	Z			I	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	⊇	Ξ		\$30.00	■	E.			⊇	<u>-</u>
Specialist Visit	7			\$60.00	D.	Z.			2	-
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	⊒	_		\$30.00	■	E			⊇	-
Imaging (CT/PET Scans, MRIs)	2			\$1,400.00	Z	Ø.			2	
Speech Therapy	zi.	I		\$60.00	Ø	E			2	
Occupational and Physical Therapy	4	I		\$45.00	E	Ø			V)	
Preventive Care/Screening/Immunization	-		100%	\$0.00	_		100%	\$0.00		
Laboratory Outpatient and Professional Services	VI.			\$60.00	V	Z Z			기	-
X-rays and Diagnostic Imaging	VI.	1		\$150.00	V	Ø.			괴	
Skilled Nursing Facility	과	4			V V	Z			I	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	⊒	Ξ		\$1,400.00	₽	E			⊒	•
Outpatient Surgery Physician/Surgical Services	기			\$300.00	V.	E .			21	
Drugs	☑ All	□ All			☑ All	☑ All			□ All	□ All
Generics	2	1		\$4.00	Ø	E .			2	
Preferred Brand Drugs	괴	2			V.	Z				
Non-Preferred Brand Drugs	4	4			Z.	Z.				
Specialty Drugs (i.e. high-cost)	3	2			☑	E .				

Options for Additional Benefit Design Limits:

I	Set a Maximum on Specialty Rx Coinsurance Payments?
	Specialty Rx Coinsurance Maximum:
	Set a Maximum Number of Days for Charging an IP Copay?
	# Days (1-10):
	Begin Primary Care Cost-Sharing After a Set Number of Visits?
	# Visits (1-10):
Z	Begin Primary Care Deductible/Coinsurance After a Set Number of
	Copays?
3	# Copays (1-10):

Plan Description:

Name: [MVP VT Plus] Reflective Silver 1 II

Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]
AVC Version: 2022_1b

Generic \$5 VBID \$1

Output

Status/Error Messages: Calculation Successful.

Actuarial Value: 70.71% Metal Tier: Silver

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time: 0.0977 seconds

Draft 2022 AV Calculator

User Inputs for Plan Parameters		[MVP VT Plus] Ref	flective Silver 2 HD	НР						
Use Integrated Medical and Drug Deductible?	•		HSA/HRA Options		Tie	red Network O	ption			
Apply Inpatient Copay per Day?			oyer Contribution			d Network Plan?				
Apply Skilled Nursing Facility Copay per Day?						Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending?		Annual Contril	bution Amount:			Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	=									
Desired Metal Tier										
		1 Plan Benefit De	sign		Tier	2 Plan Benefit [Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$5,100.00							
Coinsurance (%, Insurer's Cost Share)			100.00%							
MOOP (\$			\$5,100.00			·				
MOOP if Separate (\$)			70,200.00	4			<u> </u>			
			•				•			
Click Here for Important Instructions		Tie	er 1			Ti	ier 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay applies only	after deductible?
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate		
Medical	✓ All	✓ All			✓ All	✓ All			☐ All	All
Emergency Room Services	✓	✓			*	✓				
All Inpatient Hospital Services (inc. MH/SUD)	~	✓			✓	✓				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-	✓	•			✓	✓				
rays)										
Specialist Visit	~	✓			~	✓				
Mental/Behavioral Health and Substance Use Disorder Outpatient	✓	•			V	✓				
Services					_					
Imaging (CT/PET Scans, MRIs)	•	<u> </u>			<u>~</u>	✓				
Speech Therapy	~	~			'	✓				
	•	✓			✓	✓				
Occupational and Physical Therapy					_					
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	Y	~		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	V	<u>~</u>				
X-rays and Diagnostic Imaging	<u> </u>	<u> </u>			<u> </u>	✓				
Skilled Nursing Facility	v	~			✓	✓				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	•	•			✓	✓				
Outpatient Surgery Physician/Surgical Services	~	~			✓	✓				
Drugs	✓ All	✓ All			✓ All	✓ All			☐ All	All
Generics	~	~			~	✓				
Preferred Brand Drugs	~	V			V	✓				
Non-Preferred Brand Drugs	~	~			V	✓				
Specialty Drugs (i.e. high-cost)	•	✓			•	✓				
Options for Additional Benefit Design Limits:			Plan Description:	:						
Set a Maximum on Specialty Rx Coinsurance Payments?	· 🗆		Name:	[MVP VT Plus] Re	eflective Silver 2	HDHP				
Specialty Rx Coinsurance Maximum	:		Plan HIOS ID:	[Input Plan HIOS	ID]					
Set a Maximum Number of Days for Charging an IP Copay?	· 🗆		Issuer HIOS ID:	[Input Issuer HIC	OS ID]					
# Days (1-10)			AVC Version:	2022_1b						
Begin Primary Care Cost-Sharing After a Set Number of Visits?	· 🗆									
# Visits (1-10)	:									
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):										
Output										
Calculate										
Status/Error Messages:	Calculation Succes									
Actuarial Value:	69.01%	1.0275		6						
Metal Tier:	Silver	AV Adj	Final AV							
Additional Notes:										
Calculation Time:	0.2695 seconds									

User Inputs for Plan Parameters		[MVP VT Plus] Si	lver 1 CSR 73							
Use Integrated Medical and Drug Deductible?			HSA/HRA Option	s	Tie	red Network O	otion			
Apply Inpatient Copay per Day?			yer Contribution			Network Plan?				
Apply Skilled Nursing Facility Copay per Day?						Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending?	~	Annual Contrib	oution Amount:		2nd	Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	✓									
Desired Metal Tier	Silver									
	Tier	1 Plan Benefit De	esign		Tier	2 Plan Benefit I	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)	\$1,300.00	\$450.00								
Coinsurance (%, Insurer's Cost Share)	50.00%	50.00%								
MOOP (\$)										
MOOP if Separate (\$)	\$5,500.00	\$1,400.00								
					ı					
Click Here for Important Instructions	Cubi	Tie		C !f	Cubicata		er 2	C !f	Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if		Subject to	-	Coinsurance, if	Copay, if		es only after
Medical	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	□ aeauc	ctible?
Emergency Room Services	V AII			\$350.00	✓ All	V All			✓ All	All
All Inpatient Hospital Services (inc. MH/SUD)	V	<u> </u>		\$350.00	V	<u>v</u>				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and									<u> </u>	
X-rays)	V			\$30.00	V	V			✓	
Specialist Visit	V			\$60.00	V	V			V	
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	✓			\$30.00	✓	~			✓	
Imaging (CT/PET Scans, MRIs)	>			\$1,400.00	✓	<u>~</u>			✓	
Speech Therapy	>			\$60.00	V	V			V	
Occupational and Physical Therapy	✓			\$45.00	✓	✓			✓	
Preventive Care/Screening/Immunization		П	100%	\$0.00			100%	\$0.00		ł
Laboratory Outpatient and Professional Services			100%	\$60.00	V	<u></u>	100%	\$0.00	✓	
X-rays and Diagnostic Imaging	V			\$150.00	<u> </u>	<u>.</u>			V	
Skilled Nursing Facility	<u> </u>	<u> </u>		7150.00	V	<u> </u>				
	<u> </u>			\$1,400.00	V	<u> </u>			<u> </u>	П
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	_								_	_
Outpatient Surgery Physician/Surgical Services) [C			\$300.00	V	<u> </u>			V	
Drugs	✓ All	✓ All			✓ All	✓ All			☐ All	☐ All
Generics	<u> </u>			\$4.00		V			<u> </u>	
Preferred Brand Drugs	<u> </u>	2			<u> </u>	V				
Non-Preferred Brand Drugs	N	<u> </u>			<u> </u>					
Specialty Drugs (i.e. high-cost)	V	V			✓	V				
Options for Additional Benefit Design Limits:	_	•	Plan Description							
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	[MVP VT Plus] S						
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	[Input Plan HIO						
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	[Input Issuer HI	OS ID]					
# Days (1-10):			AVC Version:	2022_1b						
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):			Generic	\$5						
Begin Primary Care Deductible/Coinsurance After a Set Number of	✓		VBID	\$1						
Copays?										
# Copays (1-10):	3									
Output Calculate										
	CSR Level of 73%	(200-250% FPL), (Calculation Succe	ssful.						
	73.81%	(======================================								
	Silver									
		ecific cost-sharin	g is anniving for	service(s) with fa	c/prof compon	ents overriding	outnatient innu	ts for those se	rvice(s)	
Additional Notes:	THO IL. SEIVICE-SE	canc cost-snafff	P 13 abbiling 101 s	service(s) With Idi	c, pror compon	circs, overriding	, омгранент піри	101 111056 56	1 1100(3).	
Calculation Time:	0.0312 seconds									

User Inputs for Plan Parameters		[MVP VT Plus] Si	lver 1 CSR 77							
Use Integrated Medical and Drug Deductible?			HSA/HRA Options		Tie	red Network O	otion			
Apply Inpatient Copay per Day?			yer Contribution?			Network Plan?				
Apply Skilled Nursing Facility Copay per Day?						Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending?	<u> </u>	Annual Contrib	oution Amount:			Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	V				2110	ner otmzatiom				
Desired Metal Tier	Silver 🔻									
Desired Metal Her		r 1 Plan Benefit De	a lau	1	Ties	2 Plan Benefit [Na si su			
	Medical		Combined	-	Medical	Drug	Combined			
D - d dibl - (Å)		Drug	Combined		iviedicai	Drug	Combined			
Deductible (\$)	\$500.00	\$200.00								
Coinsurance (%, Insurer's Cost Share)	70.00%	60.00%								
MOOP (\$)	ÅE 500.00	44 400 00				ı				
MOOP if Separate (\$)	\$5,500.00	\$1,400.00	1							
Click Here for Important Instructions		Tie	r1			Tio	er 2		Tier 1	Tier 2
enaction important instructions	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to		Coinsurance, if	Copay, if		es only after
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate		tible?
Medical	✓ All	☐ All			✓ All	✓ All			☐ All	☐ All
Emergency Room Services	>		-	\$350.00	~	V			>	
All Inpatient Hospital Services (inc. MH/SUD)	>	V		······	✓	✓				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and										
X-rays)	V			\$10.00	✓	✓			✓	
Specialist Visit	V	П		\$40.00	V	V			V	
Mental/Behavioral Health and Substance Use Disorder Outpatient										
Services	>			\$10.00	✓	✓			~	
Imaging (CT/PET Scans, MRIs)	V			\$500.00	✓	✓			V	
Speech Therapy				\$40.00	•				✓	
эреесі і петару				340.00	~	✓				
Occupational and Physical Thorany	>			\$15.00	✓	✓			✓	
Occupational and Physical Therapy Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services			100%	\$40.00		<u> </u>	100%	\$0.00	V	
	<u> </u>				✓ ✓	✓			<u>~</u>	
X-rays and Diagnostic Imaging				\$100.00	<u>∨</u>					
Skilled Nursing Facility	>	~			~	V				Ш
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	>			\$800.00	✓	✓			✓	
Outpatient Surgery Physician/Surgical Services	>			\$200.00	✓	✓			>	
Drugs	✓ All	✓ All			✓ All	✓ All			☐ All	All
Generics	>			\$4.00	V	✓			>	
Preferred Brand Drugs	>	V			V	✓				
Non-Preferred Brand Drugs	>	✓			~	✓				
Specialty Drugs (i.e. high-cost)		<u> </u>				✓				
Options for Additional Benefit Design Limits:			Plan Description							
Set a Maximum on Specialty Rx Coinsurance Payments?	П	1	Name:	 [MVP VT Plus] S	Silver 1 CSR 77					
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	[Input Plan HIO						
Set a Maximum Number of Days for Charging an IP Copay?		1	Issuer HIOS ID:	[Input Issuer HI	-					
					03 10]					
# Days (1-10):		4	AVC Version:	2022_1b						
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
#Visits (1-10):		4	Generic	\$5						
Begin Primary Care Deductible/Coinsurance After a Set Number of	\checkmark		VBID							
Copays?	_			\$1						
# Copays (1-10):	3]								
Output										
Calculate										
Status/Error Messages:		utside of +/- 1 per	cent de minimis	variation for CSR	s.					
Actuarial Value:	77.65%									
Metal Tier:										
	NOTE: Service-s	pecific cost-sharin	g is applying for s	ervice(s) with fa	c/prof compon	ents, overriding	outpatient inpu	ts for those se	rvice(s).	
Additional Notes:										
Calculation Time:	0.0898 seconds									

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? Apply Inpatient Copay per Day?

Apply Skilled Nursing Facility Copay per Day?

Use Separate MOOP for Medical and Drug Spending?

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier

Gold

Gold

✓

[MVP VT Plus] Silver 1 CSR 87

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution?	Tiered Network Plan?
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 2 Plan Benefit Design										
Medical	Medical Drug Combined									

Click Here for Important Instructions		Tie	er 1			Ti		Tier 1	Tier 2	
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only	after deductible?
Medical	⊒ All	□ All			☑ All	☑ All			□ All	_ All
Emergency Room Services	V			\$50.00	E E	E .			2	i
All Inpatient Hospital Services (inc. MH/SUD)	4	ય			Z Z	V.				-
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	N	٦		\$5.00		E.			⊇	-
Specialist Visit	7			\$30.00	12	E .			2	-
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	N			\$5.00		Ø			⊇	-
Imaging (CT/PET Scans, MRIs)	VI.			\$100.00	2	Z.			×I	
Speech Therapy	2	I		\$30.00	2	v.			기	
Occupational and Physical Therapy	VI.	I		\$7.00	V	v.			V)	i
Preventive Care/Screening/Immunization	-	_	100%	\$0.00		_	100%	\$0.00		
Laboratory Outpatient and Professional Services	VI.			\$30.00	Z Z	Z .			2	
X-rays and Diagnostic Imaging	2)	I		\$30.00	Z Z	V.			2	i
Skilled Nursing Facility	4	ય			Z Z	V.				-
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	N	⊐		\$200.00	□	E			⊒	=
Outpatient Surgery Physician/Surgical Services	3	I		\$100.00	Z Z	Ø			괴	-
Drugs	☑ All	□ All			☑ All	☑ All			□ All	□ All
Generics	VI.	1		\$4.00	Z Z	V.			괴	-
Preferred Brand Drugs	4	vi .	80%		Z Z	V.			T .	-
Non-Preferred Brand Drugs	VI.	2			N N	V.				i
Specialty Drugs (i.e. high-cost)	N	2			■	2				

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?

Specialty Rx Coinsurance Maximum:

Set a Maximum Number of Days for Charging an IP Copay?

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of
Copays?

Copays?

Copays (1-10):

3

Plan Description:

Name: [MVP VT Plus] Silver 1 CSR 87
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]
AVC Version: 2022_1b

Output

Status/Error Messages: CSR Level of 87% (150-200% FPL), Calculation Successful.

Actuarial Value: 88.00% Metal Tier: Gold

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time: 0.1094 seconds

User Inputs for Plan Parameters		[MVP VT Plus] Si	lver 1 CSR 94							
Use Integrated Medical and Drug Deductible?			HSA/HRA Options	s	Tie	red Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?	? 🗌	Tiered	Network Plan?				
Apply Skilled Nursing Facility Copay per Day?					1st T	Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending?		Annual Contrib	oution Amount:			Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	✓									
Desired Metal Tier	Platinum 🔻									
	Tier	1 Plan Benefit De	esign		Tier	2 Plan Benefit [Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)	\$0.00	\$0.00								
Coinsurance (%, Insurer's Cost Share)	95.00%	95.00%								
MOOP (\$)										
MOOP if Separate (\$)	\$1,450.00	\$350.00		-		I				
			<u> </u>			l.	1			
Click Here for Important Instructions		Tie	r1			Tie	er 2		Tier 1	Tier 2
- 4- 6:	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay appli	es only after
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate		ctible?
Medical	☐ All	☐ All		·	✓ All	✓ All			☐ All	All
Emergency Room Services				\$25.00	✓	✓				
All Inpatient Hospital Services (inc. MH/SUD)		<u> </u>			<u> </u>	<u>~</u>				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and										
X-rays)				\$5.00	✓	✓				
Specialist Visit		П		\$10.00	✓	✓			П	
Mental/Behavioral Health and Substance Use Disorder Outpatient										
Services				\$5.00	✓	✓				
Imaging (CT/PET Scans, MRIs)				\$25.00	⊽	✓				
Speech Therapy				\$10.00	<u> </u>	✓				
эрсситистиру										
Occupational and Physical Therapy				\$7.00	✓	✓				
Preventive Care/Screening/Immunization			100%	\$0.00	П		100%	\$0.00		
Laboratory Outpatient and Professional Services			100%	\$10.00	✓	V	100%	Ş0.00		
X-rays and Diagnostic Imaging				\$10.00	V	✓				
		<u> </u>		\$10.00	✓	✓				
Skilled Nursing Facility	Ш									
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)				\$40.00	✓	✓				
Outpatient Surgery Physician/Surgical Services				\$20.00		~				
Drugs	□ All	✓ All		320.00	✓ All	✓ All			All	□ All
Generics				\$4.00	✓ All	✓ ~				
Preferred Brand Drugs		<u> </u>		Ş4.00	V					
Non-Preferred Brand Drugs		☑			7	∨ ∨				
Specialty Drugs (i.e. high-cost)		<u> </u>			Ž	✓				H
			Dian Danadatian		· ·	<u> </u>				
Options for Additional Benefit Design Limits: Set a Maximum on Specialty Rx Coinsurance Payments?		1	Plan Description Name:		1					
Specialty Rx Coinsurance Payments: Specialty Rx Coinsurance Maximum:	Ш			[Input Plan Nan	-					
			Plan HIOS ID:							
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	[Input Issuer HI	OS IDJ					
# Days (1-10):			AVC Version:	2022_1b						
Begin Primary Care Cost-Sharing After a Set Number of Visits?			0	4-						
# Visits (1-10):	_		Generic VBID	\$5						
Begin Primary Care Deductible/Coinsurance After a Set Number of	Ш		VRID	\$1						
Copays?										
# Copays (1-10):										
Output										
Calculate										
		(100-150% FPL), (Calculation Succe	sstul.						
	94.93%									
	Platinum									
	NOTE: Service-sp	ecific cost-sharin	g is applying for s	service(s) with fa	c/prof compon	ents, overriding	g outpatient input	s for those se	rvice(s).	
Additional Notes:										
Calculation Time:	0.0938 seconds									
Draft 2022 AV Calculator										

User Inputs for Plan Parameters	1]	MVP VT Plus] Silv	ver 1							
Use Integrated Medical and Drug Deductible?	· 🗆		HSA/HRA Options	;	Tie	red Network O	otion			
Apply Inpatient Copay per Day?	· 🗆	HSA/HRA Empl	oyer Contribution	? 🗌	Tiere	d Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contril	bution Amount:		1st	: Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending?		74111dai Contin	bation Amount.		2nd	Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier										
		Plan Benefit De	1	-		2 Plan Benefit [
Dod. mihla (A)	Medical	Drug ¢750.00	Combined		Medical	Drug	Combined			
Deductible (\$) Coinsurance (%, Insurer's Cost Share)		\$750.00 50.00%								
MOOP (\$)		30.00%								
MOOP if Separate (\$)		\$1,400.00								
		, ,	-		l.	1	-			
Click Here for Important Instructions		Tie	er 1			Ti	er 2		Tier 1	Tier 2
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only	, after deductible
Medical	✓ All	All		·	✓ All	✓ All		·	✓ All	All
Emergency Room Services	~			\$400.00	V	✓			~	
All Inpatient Hospital Services (inc. MH/SUD)	•	•			V	₹				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	•			\$30.00	V	✓			•	
Specialist Visit	V			\$60.00	~	✓			~	
Mental/Behavioral Health and Substance Use Disorder Outpatient										
Services	•			\$30.00	~	✓			~	
Imaging (CT/PET Scans, MRIs)	•			\$1,400.00	✓	✓			•	
Speech Therapy	V			\$60.00	V	✓			V	
	✓			\$45.00	V	✓				
Occupational and Physical Therapy										
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	<u>~</u>			\$60.00	>	>			V	
X-rays and Diagnostic Imaging Skilled Nursing Facility	•	✓		\$150.00	v					
Skilled Nutsing Facility						✓				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	•			\$1,400.00	V	<u>~</u>			<u> </u>	
Outpatient Surgery Physician/Surgical Services	•			\$300.00	>	<u>~</u>			V	
Drugs	✓ All	✓ All		44.00	✓ All	✓ All			All	AII
Generics	<u> </u>			\$4.00	V	<u>~</u>				
Preferred Brand Drugs Non-Preferred Brand Drugs	•	V			>	∨ ∨				
Specialty Drugs (i.e. high-cost)	<u> </u>	₹			~	✓.				H
Options for Additional Benefit Design Limits:			Plan Description:							
Set a Maximum on Specialty Rx Coinsurance Payments?	2		Name:	[MVP VT Plus] Sil	ver 1					
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	[Input Plan HIOS						
Set a Maximum Number of Days for Charging an IP Copay?	2 🗆		Issuer HIOS ID:	[Input Issuer HIC	S ID]					
# Days (1-10):	:		AVC Version:	2022_1b						
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):			Generic	\$5						
Begin Primary Care Deductible/Coinsurance After a Set Number of			VBID	\$1						
Copays?										
# Copays (1-10):	: 3									
Calculate										
Status/Error Messages:	Calculation Successf	ul.								
Actuarial Value:	70.71%	-								
Metal Tier:	Silver									
	NOTE: Service-speci	fic cost-sharing i	s applying for serv	rice(s) with fac/pro	f components,	overriding outpa	atient inputs for th	ose service(s)		

Additional Notes:

Calculation Time:

0.0938 seconds

User Inputs for Plan Parameters		[MVP VT Plus] Silv	er 2 HDHP CSR 73	.						
Use Integrated Medical and Drug Deductible?	✓		HSA/HRA Options	s	Tie	red Network Op	otion			
Apply Inpatient Copay per Day?		HSA/HRA Emple	oyer Contribution	?	Tiere	d Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contrib	bution Amount:		1st	Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending?		Annual Contril	bution Amount.		2nd	Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	✓	•								
Desired Metal Tier	Silver ▼									
	Tie	r 1 Plan Benefit De	esign		Tier	2 Plan Benefit D	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$4,250.00							
Coinsurance (%, Insurer's Cost Share)			100.00%							
MOOP (\$)			\$4,250.00							
MOOP if Separate (\$)										
and the second s			_			_	_		1	
Click Here for Important Instructions		Tie					er 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if	• • • • • • • • • • • • • • • • • • • •	Subject to	Subject to	Coinsurance, if	Copay, if	Copay applies only	after deductible
	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate		
Medical	✓ All	✓ All			✓ All	✓ All			All	All
Emergency Room Services	•	~			<u> </u>	₹				
All Inpatient Hospital Services (inc. MH/SUD)	✓	~			✓	✓				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-	✓	✓			V	V				
rays)										
Specialist Visit	~	V			✓	✓				
Mental/Behavioral Health and Substance Use Disorder Outpatient	•	~			V	V				
Services Imaging (CT/PET Scans, MRIs)	<u> </u>	_				_ ✓				
	V	<u>v</u>								
Speech Therapy						✓				
Occupational and Physical Therapy	✓	•			✓	✓				
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	~	~			~	✓				
X-rays and Diagnostic Imaging	•	✓			V	✓				
Skilled Nursing Facility	~	✓			✓	✓				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓	v			✓	∀				
Outpatient Surgery Physician/Surgical Services	v	V			V	✓				
Drugs	✓ All	✓ All			✓ All	✓ All			☐ AII	All
Generics	V	₹			V	<u> </u>				
Preferred Brand Drugs	~	<u>.</u>			✓	✓				
Non-Preferred Brand Drugs	V	<u> </u>			V	<u> </u>				
Specialty Drugs (i.e. high-cost)	7	7								
Options for Additional Benefit Design Limits:			Plan Description	•						
Set a Maximum on Specialty Rx Coinsurance Payments?	П	1	Name:	[MVP VT Plus] Si	lver 2 HDHP CSR	73				
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	[Input Plan HIOS		. , 5				
Set a Maximum Number of Days for Charging an IP Copay?		1	Issuer HIOS ID:	[Input Issuer HIC	-					
# Days (1-10):			AVC Version:	2022_1b	,					
Begin Primary Care Cost-Sharing After a Set Number of Visits?		1	7100 001010111	2022_20						
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of		1								
Copays?										
# Copays (1-10):										
Output		_								
Calculate										
Status/Error Messages:		tside of +/- 1 perce								
Actuarial Value:	71.85%	1.0188		%						
Metal Tier:		AV Adj	Final AV							
Additional Notes:										
Additional NOTES.										
Calculation Time:	0.2617 seconds									

User Inputs for Plan Parameters		[MVP VT Plus] Silv	er 2 HDHP CSR 77	,						
Use Integrated Medical and Drug Deductible?	✓		HSA/HRA Option	s	Tie	red Network Op	otion			
Apply Inpatient Copay per Day?		HSA/HRA Emple	oyer Contribution	i? 🗌		d Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		A L C t il			1st	Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending?		Annual Contril	oution Amount:		2nd	Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?		•								
Desired Metal Tier		u 1 Dlaw Bawafit Da	elau.		Tion	2 Dlan Danafit F) a sign			
		r 1 Plan Benefit De				2 Plan Benefit D				
Dodustible (Ć)	Medical	Drug	\$3,250.00		Medical	Drug	Combined			
Deductible (\$)			100.00%							
Coinsurance (%, Insurer's Cost Share) MOOP (\$)			\$3,250.00							
MOOP (\$)			\$3,230.00			T	<u> </u>			
Woor in Separate (7)							l			
Click Here for Important Instructions		Tie	er 1			Ti	er 2		Tier 1	Tier 2
- (p (i)	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if		6. 1.1.491.4
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	Copay applies only	after deductible
Medical	✓ All	✓ All			✓ All	✓ All			☐ All	All
Emergency Room Services	~	~			V	✓				
All Inpatient Hospital Services (inc. MH/SUD)	✓	✓			V	✓				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-					_					
rays)	✓	•			~	✓				
Specialist Visit	•	✓			~	✓				
Mental/Behavioral Health and Substance Use Disorder Outpatient					_	_				
Services	~	•			✓	✓				
Imaging (CT/PET Scans, MRIs)	•	✓			•	<				
Speech Therapy	~	✓			~	✓				
	•	v			✓	✓				П
Occupational and Physical Therapy										
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	✓	✓			V	✓				
X-rays and Diagnostic Imaging	~	~			~	✓				
Skilled Nursing Facility	•	✓			V	✓				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	•	V			✓	₹.				
Outpatient Surgery Physician/Surgical Services	V	~			~	✓				
Drugs	✓ All	✓ AII			✓ All	✓ All			☐ All	All
Generics	₹	•			✓	V				
Preferred Brand Drugs	✓	✓			✓	✓				
Non-Preferred Brand Drugs	~	✓			V	✓				
Specialty Drugs (i.e. high-cost)	•	✓			*	✓				
Options for Additional Benefit Design Limits:		•	Plan Description							
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	[MVP VT Plus] Si		177				
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	[Input Plan HIOS	•					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	[Input Issuer HIC	OS IDJ					
# Days (1-10):			AVC Version:	2022_1b						
Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10):	:									
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):										
Output Calculate										
Status/Error Messages:	Error: Decult is a	tside of +/- 1 perce	ant de minimis ···	riation for CSPs						
Actuarial Value:	75.78%	1.0104	76.57%	Haudii idi CSRS.						
Metal Tier:	13.10/0	AV Adj	Final AV							
wear ner.		Av Auj	Illial AV							
Additional Notes:										
Calculation Time:	0.2383 seconds									

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? Z
Apply Inpatient Copay per Day?
Apply Skilled Nursing Facility Copay per Day?
Use Separate MOOP for Medical and Drug Spending?

[MVP VT Plus] Silver 2 HDHP CSR 87

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution?	Tiered Network Plan?
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Indicate If Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier

Gold

Gold

✓

	Tie	r 1 Plan Benefit Des	sign
	Medical	Drug	Combined
Deductible (\$)			\$1,500.00
Coinsurance (%, Insurer's Cost Share)			100.00%
MOOP (\$)			\$1,500.00
MOOP if Separate (\$)			

Tier	2 Plan Benefit D	Tier 2 Plan Benefit Design													
Medical	edical Drug Combined														

Click Here for Important Instructions		Tie	r 1			Ti		Tier 1	Tier 2	
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only	after deductible?
Medical	⊒ All	⊒ All			☑ All	☑ All			□ All	_ All
Emergency Room Services	2	2			W.	E .				
All Inpatient Hospital Services (inc. MH/SUD)	기	ય			V.	Ø.				-
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	⊒	2			2	·				•
Specialist Visit	2	2			v.	E .				
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	3	3							П	=
Imaging (CT/PET Scans, MRIs)	VI.	4			V.	Z.			1	
Speech Therapy	zi.	2			Z Z	Z.			Ī	
Occupational and Physical Therapy	vi .	vI			w.	E			T	•
Preventive Care/Screening/Immunization		-	100%	\$0.00	-	-	100%	\$0.00		
Laboratory Outpatient and Professional Services	4	VI.			V.	Ø.				-
X-rays and Diagnostic Imaging	4	al .			V	V				
Skilled Nursing Facility	기	ય			V.	Ø.				-
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	⊒	3			E	E			⊐	=
Outpatient Surgery Physician/Surgical Services	al .	zi.			V.	Ø.			I	-
Drugs	☑ All	☑ All			☑ All	☑ All			□ All	□ All
Generics	VI	VI.		•	Ø.	Ø.				-
Preferred Brand Drugs	VI.	vi .			Ø	Ø.				
Non-Preferred Brand Drugs	4	VI.		_	. □	v.				
Specialty Drugs (i.e. high-cost)	2	2			■ ■	2				

Options for Additional Benefit Design Limits:

I	Set a Maximum on Specialty Rx Coinsurance Payments?
	Specialty Rx Coinsurance Maximum:
	Set a Maximum Number of Days for Charging an IP Copay?
	# Days (1-10):
	Begin Primary Care Cost-Sharing After a Set Number of Visits?
	# Visits (1-10):
Ξ	Begin Primary Care Deductible/Coinsurance After a Set Number of
	Copays?
	# Copays (1-10):

Plan Description:

Name: [MVP VT Plus] Silver 2 HDHP 87
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]
AVC Version: 2022_1b

Output

 Status/Error Messages:
 CSR Level of 87% (150-200% FPL), Calculation Successful.

 Actuarial Value:
 87.34%
 1.0016
 87.48%

 Metal Tier:
 Gold
 AV Adj
 Final AV

Additional Notes:

Calculation Time: 0.2227 seconds

Draft 2022 AV Calculator

Classified as Confidential

User Inputs for Plan Parameters		[MVP VT Plus] Silv	er 2 HDHP CSR 94							
Use Integrated Medical and Drug Deductible?	•		HSA/HRA Options		Tie	red Network Op	ition			
Apply Inpatient Copay per Day?	· 🗆	HSA/HRA Emplo	oyer Contribution	? 🗌	Tiered	d Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		A L C tuile			1st	Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending?		Annual Contrib	oution Amount:		2nd	Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?		•								
Desired Metal Tier		4.01 0 6.0		1		201 2 5: 5				
		r 1 Plan Benefit De				2 Plan Benefit D				
Dadwathla (Č	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$550.00							
Coinsurance (%, Insurer's Cost Share) MOOP (\$)			100.00%	-		l				
MOOP (\$)			\$550.00	_						
MOOF II Separate (3)			1							
Click Here for Important Instructions		Tie	r 1			Ti	er 2		Tier 1	Tier 2
·	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if		
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	Copay applies only	after deductible
Medical	✓ All	✓ All		·	✓ All	✓ All			All	All
Emergency Room Services	~	✓			~	✓				
All Inpatient Hospital Services (inc. MH/SUD)	~	✓			~	✓				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-					_					
rays)	✓	✓			~	✓				
Specialist Visit	V	✓			~	V				
Mental/Behavioral Health and Substance Use Disorder Outpatient									_	
Services	✓	✓			✓	✓				
Imaging (CT/PET Scans, MRIs)	~	✓			V	✓				
Speech Therapy	V	✓			✓	✓				
	V	<u>v</u>			✓	✓				
Occupational and Physical Therapy										
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	~	✓			V	✓				
X-rays and Diagnostic Imaging	✓	✓			~	✓				
Skilled Nursing Facility	✓	~			V	✓				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	•	•			✓	₹				
Outpatient Surgery Physician/Surgical Services	v	~			~	✓				
Drugs	₽ All	✓ All			✓ All	✓ All			☐ All	All
Generics	•	Y			✓	V				
Preferred Brand Drugs	~	✓			✓	✓				
Non-Preferred Brand Drugs	~	~			V	✓				
Specialty Drugs (i.e. high-cost)	✓	✓			*	✓				
Options for Additional Benefit Design Limits:		•	Plan Description:							
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	[MVP VT Plus] Sil		94				
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	[Input Plan HIOS	•					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	[Input Issuer HIC	OS IDJ					
# Days (1-10)			AVC Version:	2022_1b						
Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10)	:									
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):	:	1								
Output Calculate										
Status/Error Messages:	CSR Level of Q40/	100-150% FPL), Cal	Iculation Successfu	d						
Actuarial Value:	93.76%	1.0001								
Metal Tier:	Platinum	AV Adj	Final AV	,						
mean nen	· .camum	A v Auj	TINGLAY							
Additional Notes:										
Calculation Time:	0.2305 seconds									

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? Apply Inpatient Copay per Day? Apply Skilled Nursing Facility Copay per Day?

Use Separate MOOP for Medical and Drug Spending? Indicate if Plan Meets CSR or Expanded Bronze AV Standard? Desired Metal Tier Silver [MVP VT Plus] Silver 2 HDHP

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution?	Tiered Network Plan?
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design Medical Drug Combined Deductible (\$) Coinsurance (%, Insurer's Cost Share) 100.00% \$5,075.00 MOOP (\$) MOOP if Separate (\$)

Tier	2 Plan Benefit D	esign							
Medical	Drug	Combined							

Click Here for Important Instructions		Tie	r 1			Ti		Tier 1	Tier 2	
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only	after deductible?
Medical	⊒ All	⊒ All			☑ All	☑ All			□ All	_ All
Emergency Room Services	2	2			W.	E .				
All Inpatient Hospital Services (inc. MH/SUD)	기	ય			V.	Ø.				-
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	⊒	2			2	·				•
Specialist Visit	2	2			v.	E .				
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	3	3							П	=
Imaging (CT/PET Scans, MRIs)	VI.	4			V.	Z.			1	
Speech Therapy	zi.	2			Z Z	Z.			I	
Occupational and Physical Therapy	vi .	vI			w.	E			T	•
Preventive Care/Screening/Immunization		-	100%	\$0.00	-	-	100%	\$0.00		
Laboratory Outpatient and Professional Services	4	VI.			V.	Ø.				-
X-rays and Diagnostic Imaging	4	al .			V	V				
Skilled Nursing Facility	기	ય			V.	Ø.				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	⊒	3			E	E			⊐	=
Outpatient Surgery Physician/Surgical Services	al .	zi.			V.	Ø.			I	-
Drugs	☑ All	☑ All			☑ All	☑ All			□ All	□ All
Generics	VI	VI.		•	Ø.	Ø.				-
Preferred Brand Drugs	VI.	vi .			Ø	Ø.				
Non-Preferred Brand Drugs	4	VI.		_	. □	v.				
Specialty Drugs (i.e. high-cost)	2	2			■ ■	2				

Options for Additional Benefit Design Limits:

I	Set a Maximum on Specialty Rx Coinsurance Payments?
	Specialty Rx Coinsurance Maximum:
	Set a Maximum Number of Days for Charging an IP Copay?
	# Days (1-10):
	Begin Primary Care Cost-Sharing After a Set Number of Visits?
	# Visits (1-10):
	Begin Primary Care Deductible/Coinsurance After a Set Number of
	Copays?
	# Copays (1-10):

Plan Description:

[MVP VT Plus] Silver 2 HDHP Name: Plan HIOS ID: [Input Plan HIOS ID] Issuer HIOS ID: [Input Issuer HIOS ID] AVC Version: 2022_1b

Output

Metal Tier:

Status/Error Messages: Actuarial Value:

Calculation Successful.

69.09% 1.0275 AV Adj Silver

70.99% Final AV

Additional Notes:

Calculation Time: Draft 2022 AV Calculator 0.2891 seconds

User Inputs for Plan Parameters		[MVP VT] Secure								
Use Integrated Medical and Drug Deductible?	✓		HSA/HRA Options	5	Tie	red Network O	otion			
Apply Inpatient Copay per Day?		HSA/HRA Empl	oyer Contribution			d Network Plan?				
Apply Skilled Nursing Facility Copay per Day?						Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending?		Annual Contril	oution Amount:			Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier										
	Tie	r 1 Plan Benefit De	sign		Tier	2 Plan Benefit I	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$9,100.00							
Coinsurance (%, Insurer's Cost Share)			100.00%							
MOOP (\$)			\$9,100.00							
MOOP if Separate (\$)				 '						
and the second s						_			1	
Click Here for Important Instructions		Tie					er 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay applies only	after deductible?
	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate		
Medical	₹ All	✓ All			✓ All	✓ All			All	All
Emergency Room Services	<u> </u>	<u> </u>			~	<u>~</u>				
All Inpatient Hospital Services (inc. MH/SUD)	•	•			✓	✓				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-	•	•			✓	✓				
rays)										
Specialist Visit	~	•			✓	✓				Ш
Mental/Behavioral Health and Substance Use Disorder Outpatient	✓	•			✓	✓				
Services										
Imaging (CT/PET Scans, MRIs)	Y	<u> </u>			✓	✓				<u>_</u>
Speech Therapy	~	'			✓	✓				
Occupational and Physical Therapy	•	✓			✓	✓				
Preventive Care/Screening/Immunization	П		100%	\$0.00	П	П	100%	\$0.00		
Laboratory Outpatient and Professional Services	V	V	100%	\$0.00	✓		100%	\$0.00		
X-rays and Diagnostic Imaging	V	<u>~</u>			<u>v</u>	✓				
Skilled Nursing Facility	V	<u>~</u>			∀	✓				
JAMES INCLUDING TOURING										
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	•	✓			✓	✓				
Outpatient Surgery Physician/Surgical Services	~	~			✓	✓				
Drugs	✓ All	✓ All			✓ All	✓ All			☐ AII	All
Generics	~	~			✓	✓				
Preferred Brand Drugs	~	~			✓	✓				
Non-Preferred Brand Drugs	•	~			✓	✓				
Specialty Drugs (i.e. high-cost)	~	~			>	✓				
Options for Additional Benefit Design Limits:			Plan Description	:						
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	[MVP VT] Secure	•					
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	[Input Plan HIOS	ID]					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	[Input Issuer HIC	S ID]					
# Days (1-10):			AVC Version:	2022_1b						
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):			Generic							
Begin Primary Care Deductible/Coinsurance After a Set Number of			VBID							
Copays?										
# Copays (1-10):	3									
Output										
Calculate										
		itside of [-4, +2] pe	rcent de minimis v	variation.						
Actuarial Value:	62.53%									
Metal Tier:										
Additional Notes:										
Calculation Time:	0.2305 seconds									
Draft 2022 AV Calculator										

MVP Health Care Derivation of 2022 VT Exchange Rate Increases by Contract and Benefit Plan for ACA Compliant Members in Individual Market as of Febuary 2021

	GO	.D		NON-STANDARD SILVER	PLANS		STANDARD PLANS BRONZE PLATINUM GOLD SILVER								BRONZE		Catastrophic	Total Annual	Average	Average Annual	
	HDHP	Non-HDHP	On Exchange Non-HDHP	Reflective Non-HDHP	On Exchange HDHP	Reflective HDHP	Non-HDHP	No RX OOP			On Exchange Non-HDHP	Reflective Non-HDHP	On Exchange HDHP	Reflective HDHP	HDHP	Non-HDHP	No RX OOP		Premium	PMPM	Premium
2022 Proposed Rates																					
Single Rate	\$801.51	\$822.89	\$758.83	\$673.79	\$781.72	\$695.79	\$593.82	\$610.83	\$951.83	\$782.32	\$796.37	\$711.33	\$776.92	\$691.75	\$602.57	\$598.34	\$622.64	\$374.43			
Couple Rate	\$1,603.02	\$1,645.78	\$1,517.66	\$1,347.58	\$1,563.44	\$1,391.58	\$1,187.64	\$1,221.66	\$1,903.66	\$1,564.64	\$1,592.74	\$1,422.66	\$1,553.84	\$1,383.50	\$1,205.14	\$1,196.68	\$1,245.28	\$748.86			
Adult and Child(ren) Rate	\$1,546.91	\$1,588.18	\$1,464.54	\$1,300.41	\$1,508.72	\$1,342.87	\$1,146.07	\$1,178.90	\$1,837.03	\$1,509.88	\$1,536.99	\$1,372.87	\$1,499.46	\$1,335.08	\$1,162.96	\$1,154.80	\$1,201.70	\$722.65			
Family Rate	\$2,252.24	\$2,312.32	\$2,132.31	\$1,893.35	\$2,196.63	\$1,955.17	\$1,668.63	\$1,716.43	\$2,674.64	\$2,198.32	\$2,237.80	\$1,998.84	\$2,183.15	\$1,943.82	\$1,693.22	\$1,681.34	\$1,749.62	\$1,052.15	\$126,899,439	\$687.98	\$8,255.77
2021 Approved Rates																					
Single Rate	\$682.62	\$699.13	\$665.71	\$574.15	\$678.71	\$585.06	\$491.30	\$508.70	\$798.23	\$673.78	\$681.45	\$589.88	\$669.38	\$577.81	\$502.90	\$497.28	\$521.66	\$339.18			
Couple Rate	\$1,365.24	\$1,398.26	\$1,331.42	\$1,148.30	\$1,357.42	\$1,170.12	\$982.60	\$1,017.40	\$1,596.46	\$1,347.56	\$1,362.90	\$1,179.76	\$1,338.76	\$1,155.62	\$1,005.80	\$994.56	\$1,043.32	\$678.36			
Adult and Child(ren) Rate	\$1,317.46	\$1,349.32	\$1,284.82	\$1,108.11	\$1,309.91	\$1,129.17	\$948.21	\$981.79	\$1,540.58	\$1,300.40	\$1,315.20	\$1,138.47	\$1,291.90	\$1,115.17	\$970.60	\$959.75	\$1,006.80	\$654.62			
Family Rate	\$1,918.16	\$1,964.56	\$1,870.65	\$1,613.36	\$1,907.18	\$1,644.02	\$1,380.55	\$1,429.45	\$2,243.03	\$1,893.32	\$1,914.87	\$1,657.56	\$1,880.96	\$1,623.65	\$1,413.15	\$1,397.36	\$1,465.86	\$953.10	\$108,432,076	\$587.86	\$7,054.33
2022 Proposed Rate Increases																					
Single Rate	17.4%	17.7%	14.0%	17.4%	15.2%	18.9%	20.9%	20.1%	19.2%	16.1%	16.9%	20.6%	16.1%	19.7%	19.8%	20.3%	19.4%	10.4%			
Couple Rate	17.4%	17.7%	14.0%	17.4%	15.2%	18.9%	20.9%	20.1%	19.2%	16.1%	16.9%	20.6%	16.1%	19.7%	19.8%	20.3%	19.4%	10.4%			
Adult and Child(ren) Rate	17.4%	17.7%	14.0%	17.4%	15.2%	18.9%	20.9%	20.1%	19.2%	16.1%	16.9%	20.6%	16.1%	19.7%	19.8%	20.3%	19.4%	10.4%			
Family Rate	17.4%	17.7%	14.0%	17.4%	15.2%	18.9%	20.9%	20.1%	19.2%	16.1%	16.9%	20.6%	16.1%	19.7%	19.8%	20.3%	19.4%	10.4%	17.03%	Total Reve	nue Change
February 2021 Contracts																					
Single Rate	456	152	2,598	168	53	40	544	491	315	904	293	49	183	42	592	897	281	7			
Couple Rate	166	58	579	47	24	23	113	81	131	326	72	11	57	18	155	208	48	l ò			
Adult and Child(ren) Rate	21	5	81	3	3	4	15	15	19	39	8	3	6	2	13	18	6	1 0			
Family Rate	90	18	85	43	4	10	45	21	35	74	7	10	8	17	104	72	15	0			
Total	733	233	3,343	261	84	77	717	608	500	1,343	380	73	254	79	864	1,195	350	7]		
2022 Proposed PMPY Revenue	\$8.667.77	\$9,394,68	\$8,963.83	\$7,173.92	\$9.150.39	\$7,370,53	\$6,756.40	\$7,099.62	\$10,603,21	\$9,002.20	\$9,379.81	\$7,587.60	\$9.104.68	\$7,126.22	\$6.674.32	\$6,848.96	\$7,248.37	\$4,493.16			
2021 Approved PMPY Revenue	\$7,382.06	\$7,981.76	\$7,863.83	\$6,113.04	\$7,944.61	\$6,197.57	\$5,589.95	\$5,912.57	\$8,892.14	\$7,753.22	\$8,026.26	\$6,292.12	\$7,844.42	\$5,952.44	\$5,570.34	\$5,692.17	\$6,072.82	\$4,070.16			



MVP Health Care -- 2022 Individual Exchange Rate Filing

MVP Health Plan, Inc. 2022 Vermont Individual Exchange Rate Filing For Effective Dates Beginning Between January 1, 2022 - December 31, 2022

Exhibit 1 -- Summary of Medical Coplans Offered

Exhibit 1a -- Comparison of 2021 to 2022 Benefits

Exhibit 2a -- Pricing Trend Assumptions

Exhibit 2b -- Support for Rx Trend Assumptions used in Development of Index Rate

Exhibit 3 -- Index Rate Development

Exhibit 4 -- Conversion Factor and Tier Ratios

Exhibit 5 -- Retention Loads and Paid Claim Surcharges

Exhibit 6 -- Calculation of CSR Defunding Load

Exhibit 7 -- 2022 Premium Rates

Exhibit 1 -- Summary of Medical Coplans Offered

MVP Health Plan, Inc. 2022 Vermont Exchange Rate Filing For Effective Dates Beginning Between January 1, 2022 - December 31, 2022

												In Moture	rk Benefits									
											Med	III-Netwo	I K Dellellts				Med OOD	Med OOP	Rx OOP	Rx OOP		
			Standard/Non-	On/Off			ID.					Mad Dad	Deductible		Med OOP	Rx OOP			Max	Max	OOP Max	
							IP II										Max	Max				
Form ID	Product Type	Metal Level	Standard	Exchange	PCP	SCP	(Med/Surg)	ER	OP Surg	Amb	Single	Family		Coins.	Туре	Type	Single	Family	Single	Family	Type	Pharmacy
FRVT-HMO-P-001-S (2022)	HyHMO	Platinum	Standard	On Exchange	\$15 No DD	\$40 No DD	10%	\$100	10%	\$60 No DD	\$400	\$800	Embedded	10%	Embedded	Embedded	\$1,400	\$2,800	\$1,400	\$2,800	Separate	\$10/\$50/50%
FRVT-HMO-G-001-S (2022)	HyHMO	Gold	Standard	On Exchange	\$20 No DD	\$50 No DD	30%	\$150	30%	\$70 No DD	\$1,200	\$1,400	Embedded	30%	Embedded	Embedded	\$5,400	\$10,800	\$1,400	\$2,800	Separate	\$12/\$55/50% \$150/\$300 Brand Ded
FRVT-HMO-G-002-N (2022)	HyHMO	Gold	Non-Standard	On Exchange	\$20 No DD	\$40 No DD	20%	\$250	20%	\$50	\$700	\$1,400	Embedded	20%	Embedded	Embedded	\$6,500	\$13,000	\$1,400	\$2,800	Separate	\$15 / \$40 / 50%, \$250 / \$500 Brand Ded, VBID = \$1 #
FRVT-HMOH-G-003-N (2022)	HDHMO	Gold	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$3,200	\$6,400	Aggregate	0%	Aggregate	Aggregate	\$3,200	\$6,400	\$1,400	\$2,800	Integrated	\$10 / \$15 / 5%, Subject to Med Deductible
FRVT-HMO-S-003-S (2022)	HyHMO	Silver	Standard	On Exchange	\$35 No DD	\$80 No DD	50%	\$250	50%	\$100 No DD	\$3,400	\$6,800	Embedded	50%	Embedded	Embedded	\$8,550	\$17,100	\$1,400	\$2,800	Integrated	\$15 / \$60 / 50%, \$350/\$700 Brand Ded
FRVT-HMOH-S-004-S (2022)	HDHMO	Silver	Standard	On Exchange	10%	30%	30%	30%	30%	30%	\$1,850	\$3,700	Aggregate	30%	Stacked	Aggregate	\$6,900	\$13,800"	\$1,400	\$2,800	Integrated	\$10/\$40/50%, Subject to Med Deductible
FRVT-HMOH-S-002-N (2022)	HDHMO	Silver	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$5,075	\$10,150	Embedded	0%	Embedded	Aggregate	\$5,075	\$10,150	\$1,400	\$2,800	Integrated	0% / 0% / 0%, Subject to Med Deductible
									\$1,400 (Fac)													\$750/\$1500 Ded then \$5/50%/50%,
FRVT-HMO-S-001-N (2022)	HyHMO	Silver	Non-Standard	On Exchange	\$30**	\$60	50%	\$400	\$300 (Phys)	\$100	\$1,750	\$3,500	Embedded	50%	Embedded	Embedded	\$6,950	\$13,900	\$1,400	\$2,800	Separate	VBID = \$1 #
VT-HMO-S-003-S II (2022)	HyHMO	Silver	Standard	Off Exchange	\$35 No DD	\$80 No DD	50%	\$250	50%	\$105 No DD	\$3,400	\$6,800	Embedded	50%	Embedded	Embedded	\$8,550	\$17,100	\$1,400	\$2,800	Integrated	\$15 / \$60 / 50%, \$350/\$700 Brand Ded
VT-HMOH-S-004-S II (2022)	HDHMO	Silver	Standard	Off Exchange	10%	30%	30%	30%	30%	35%	\$1,850	\$3,700	Aggregate	30%	Stacked	Aggregate	\$6,900	\$13,800"	\$1,400	\$2,800	Integrated	\$10/\$40/50%, Subject to Med Deductible
VT-HMOH-S-002-N II (2022)	HDHMO	Silver	Non-Standard	Off Exchange	0%	0%	0%	0%	0%	0%	\$5,100	\$10,200	Embedded	0%	Embedded	Aggregate	\$5,100	\$10,200	\$1,400	\$2,800	Integrated	0% / 0% / 0%, Subject to Med Deductible
									\$1,400 (Fac)													\$750/\$1500 Ded then \$5/50%/50%,
VT-HMO-S-001-N II (2022)	HyHMO	Silver	Non-Standard	Off Exchange	\$30**	\$60	50%	\$400	\$300 (Phys)	\$105	\$1,750	\$3,500	Embedded	50%	Embedded	Embedded	\$6,950	\$13,900	\$1,400	\$2,800	Separate	VBID = \$1 #
FRVT-HMO-B-002-S (2022)	HMO	Bronze	Standard	On Exchange	\$35	\$90	50%	50%	50%	\$100	\$6,450	\$12,900	Embedded	50%	Embedded	Embedded	\$8,700	\$17,400	\$1,400	\$2,800	Integrated	\$1100/\$2200 Ded then \$15/\$85/60%
FRVT-HMOH-B-003-S (2022)	HDHMO	Bronze	Standard	On Exchange	50%	50%	50%	50%	50%	50%	\$5,700	\$11,400	Aggregate	50%	Stacked	Aggregate	\$7,100	\$14,200"	\$1,400	\$2,800	Integrated	\$12/40%/60%, Subject to Med Deductible
FRVT-HMO-B-004-S (2022)	HMO	Bronze	Standard	On Exchange	\$40 No DD	\$100 No DD	0%	0%	0%	0%	\$8,700	\$17,400	Embedded	0%	Embedded	Embedded	\$8,700	\$17,400	N/A	N/A	N/A	\$30 No DD/0%/0%, Subject to Med Deductible
																						\$35 No DD / \$0 / \$0, Subject to Med Deductible, VBID =
FRVT-HMO-B-005-N (2022)	HMO	Bronze	Non-Standard	On Exchange	0%**	0%	0%	0%	0%	0%	\$7,850	\$15,700	Embedded	0%	Embedded	Embedded	\$7,850	\$15,700	N/A	N/A	N/A	\$3#
FRVT-HMO-B-001-N (2022)	HMO	Bronze	Non-Standard	On Exchange	\$40	\$100	50%	50%	50%	\$100	\$7,250	\$14,500	Embedded	50%	Embedded	Embedded	\$8,400	\$16,800	N/A	N/A	N/A	\$25/\$100/60%, \$700/\$1400 Ded, VBID = \$3 #
FRVT-HMO-C-001-N (2022)	HMO	Catastrophic	Standard	On Exchange	\$0**	0%	0%	0%	0%	0%	\$8,700	\$17,400	Embedded	0%	Embedded	Embedded	\$8,700	\$17,400	\$1,400	\$2,800	Integrated	\$0 / \$0 / \$0 Subject to Med Deductible

	Subsidized Cost-Shar	ing Benefits (Non Al/	AN)									In-Netwo	rk Benefits									
											Med						Med OOP	Med OOP	Rx OOP	Rx OOP		
			Standard/Non-	On/Off			IP				Ded	Med Ded	Deductible		Med OOP	Rx OOP	Max	Max	Max	Max	OOP Max	
Coplan	Product Type	Metal Level	Standard	Exchange	PCP	SCP	(Med/Surg)	ER	OP Surg	Amb	Single	Family	Type	Coins.	Type	Type	Single	Family	Single	Family	Type	Pharmacy
FRVT-HMO-S3-001-S (2022)	HyHMO	Silver	Standard	On Exchange	\$35 No DD	\$70 No DD	50%	\$250	50%	\$100 No DD	\$3,100	\$6,200	Embedded	50%	Embedded	Embedded	\$6,750	\$13,500	\$1,250	\$2,500	Integrated	\$12 / \$60 / 50%, \$350 / \$700 Brand Ded
FRVT-HMO-S3-002-S (2022)	HyHMO	Silver	Standard	On Exchange	\$10 No DD	\$30 No DD	40%	\$250	40%	\$100 No DD			Embedded	40%	Embedded	Embedded	\$2,200	\$4,400	\$450	\$900	Integrated	\$10 / \$50 / 50%, \$200 / \$400 Brand Ded
FRVT-HMO-S3-003-S (2022)	HyHMO	Silver	Standard	On Exchange	\$5 No DD	\$15 No DD	10%	\$75	10%	\$50 No DD		\$400	Embedded	10%	Embedded	Embedded	\$900	\$1,800	\$200	\$400	Integrated	\$5 / \$20 / 30%
FRVT-HMO-S3-004-S (2022)	HyHMO	Silver	Standard	On Exchange	\$25 No DD	\$50 No DD	50%	\$250	50%	\$100 No DD			Embedded	50%	Embedded	Embedded	\$6,000	\$12,000	\$1,100	\$2,200	Integrated	\$12 / \$60 / 50%, \$300 / \$600 Brand Ded
FRVT-HMOH-S4-001-S (2022)	HDHMO	Silver	Standard	On Exchange	Ded then 10%	25%	25%	25%	25%	25%	\$1,750		Aggregate	25%	Stacked	Aggregate	\$5,200	\$10,400"	\$1,400	\$2,800	Integrated	\$10 / \$40 / 50% Subject to Med Deductible
FRVT-HMOH-S4-002-S (2022)	HMO	Silver	Standard	On Exchange	0%	0%	0%	0%	0%	\$0	\$1,400	\$2,800	Aggregate	0%	Aggregate	Aggregate	\$1,400	\$2,800	\$1,400	\$2,800	Integrated	\$0 / \$0 / 0% Subject to Med Deductible
FRVT-HMOH-S4-003-S (2022)	HMO	Silver	Standard	On Exchange	0%	0%	0%	0%	0%	\$0	\$550	\$1,100	Aggregate	0%	Aggregate	Aggregate	\$550	\$1,100	\$550	\$1,100	Integrated	\$0 / \$0 / 0% Subject to Med Deductible
FRVT-HMOH-S4-004-S (2022)	HDHMO	Silver	Standard	On Exchange	Ded then 10%	25%	25%	25%	25%	25%	\$1,600		Aggregate	25%	Stacked	Aggregate	\$5,200	\$10,400"	\$1,400	\$2,800	Integrated	\$10 / \$40 / 50% Subject to Med Deductible
FRVT-HMOH-S2-001-N (2022)	HDHMO	Silver	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$4,250		Embedded	0%	Embedded	Aggregate	\$4,250	\$8,500	\$1,400	\$2,800	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-S2-002-N (2022)	HMO	Silver	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$1,500	\$3,000	Embedded	0%	Embedded	Embedded	\$1,500	\$3,000	\$1,400	\$2,800	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-S2-003-N (2022)	HMO	Silver	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$550	\$1,100	Embedded	0%	Embedded	Embedded	\$550	\$1,100	\$550	\$1,100	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-S2-004-N (2022)	HMO	Silver	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$3,250	\$6,500	Embedded	0%	Embedded	Aggregate	\$3,250	\$6,500	\$1,400	\$2,800	Integrated	0% / 0% / 0%, Subject to Med Deductible
									\$1400 (Fac)													\$450/900 Ded then \$5/50%/50%, VBID = \$1 #
FRVT-HMO-S1-001-N (2022)	HyHMO	Silver	Non-Standard	On Exchange	\$30**	\$60	50%	\$350	\$300 (Phys)	\$100	\$1,300	\$2,600	Embedded	50%	Embedded	Embedded	\$5,500	\$11,000	\$1,400	\$2,800	Separate	
									\$200 (Fac)													
FRVT-HMO-S1-002-N (2022)	HyHMO	Silver	Non-Standard	On Exchange	\$10 No DD	\$30	10%	\$50	\$100 (Phys)	\$50	\$100	\$200	Embedded	10%	Embedded	Embedded	\$2,500	\$5,000	\$650	\$1,300	Separate	\$5 / 20% / 40%, \$100 / \$200 Ded, VBID = \$1 *
									\$40 (Fac)													
FRVT-HMO-S1-003-N (2022)	HyHMO	Silver	Non-Standard	On Exchange	\$5 No DD	\$10	5%	\$25	\$20 (Phys)	\$25	\$0	\$0	Embedded	5%	Embedded	Embedded	\$1,450	\$2,900	\$350	\$700	Separate	\$5 / 5% / 5%, VBID = \$1 #
									\$800 (Fac)													
FRVT-HMO-S1-004-N (2022)	HyHMO	Silver	Non-Standard	On Exchange	\$10**	\$40	30%	\$100	\$200 (Phys)	\$100	\$500	\$1,000	Embedded	30%	Embedded	Embedded	\$5,500	\$11,000	\$1,400	\$2,800	Separate	\$5 / 40% / 40%, \$200 / \$400 Ded, VBID = \$1 #

American Ir	ndian and Alaskan Nati	ive (Al/AN) Benefits (Unsubsidized)^									In-Netwo	rk Benefits									
											Med						Med OOP	Med OOP	Rx OOP	Rx OOP		
			Standard/Non-	On/Off			IP				Ded	Med Ded	Deductible		Med OOP	Rx OOP	Max	Max	Max	Max	OOP Max	
Form ID	Product Type	Metal Level	Standard	Exchange	PCP	SCP	(Med/Surg)	ER	OP Surg	Amb	Single	Family	Type	Coins.	Type	Type	Single	Family	Single	Family	Type	Pharmacy
FRVT-HMO-PA2-001-S (2022)	HyHMO	Platinum	Standard	On Exchange	\$15 No DD	\$40 No DD	10%	\$100	10%	\$60 No DD	\$400	\$800	Embedded	10%	Embedded	Embedded	\$1,400	\$2,800	\$1,400	\$2,800	Separate	\$10/\$50/50%
FRVT-HMO-GA2-001-S (2022)	HyHMO	Gold	Standard	On Exchange	\$20 No DD	\$50 No DD	30%	\$150	30%	\$70 No DD	\$1,200	\$1,400	Embedded	30%	Embedded	Embedded	\$5,400	\$10,800	\$1,400	\$2,800	Separate	\$12/\$55/50% \$150/\$300 Brand Ded
FRVT-HMO-GA2-002-N (2022)	HyHMO	Gold	Non-Standard	On Exchange	\$20 No DD	\$40 No DD	20%	\$250	20%	\$50	\$700	\$1,400	Embedded	20%	Embedded	Embedded	\$6,500	\$13,000	\$1,400	\$2,800	Separate	\$15 / \$40 / 50%, \$250 / \$500 Brand Ded, VBID = \$1 #
FRVT-HMOH-GA2-003-N (2022)	HDHMO	Gold	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$3,200	\$6,400	Aggregate	0%	Aggregate	Aggregate	\$3,200	\$6,400	\$1,400	\$2,800	Integrated	\$10 / \$15 / 5%, Subject to Med Deductible
FRVT-HMO-SA2-003-S (2022)	HyHMO	Silver	Standard	On Exchange	\$35 No DD	\$80 No DD	50%	\$250	50%	\$100 No DD	\$3,400	\$6,800	Embedded	50%	Embedded	Embedded	\$8,550	\$17,100	\$1,400	\$2,800	Integrated	\$15 / \$60 / 50%, \$350/\$700 Brand Ded
FRVT-HMOH-SA2-004-S (2022)	HDHMO	Silver	Standard	On Exchange	10%	30%	30%	30%	30%	30%	\$1,850	\$3,700	Aggregate	30%	Stacked	Aggregate	\$6,900	\$13,800"	\$1,400	\$2,800	Integrated	\$10/\$40/50%, Subject to Med Deductible
FRVT-HMOH-SA2-002-N (2022)	HDHMO	Silver	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$5,075	\$10,150	Embedded	0%	Embedded	Aggregate	\$5,075	\$10,150	\$1,400	\$2,800	Integrated	0% / 0% / 0%, Subject to Med Deductible
									\$1,400 (Fac)													\$750/\$1500 Ded then \$5/50%/50%,
FRVT-HMO-SA2-001-N (2022)	HyHMO	Silver	Non-Standard	On Exchange	\$30**	\$60	50%	\$400	\$300 (Phys)	\$100	\$1,750	\$3,500	Embedded	50%	Embedded	Embedded	\$6,950	\$13,900	\$1,400	\$2,800	Separate	VBID = \$1 #
FRVT-HMO-BA2-002-S (2022)	HyHMO	Bronze	Standard	On Exchange	\$35	\$90	50%	50%	50%	\$100	\$6,450	\$12,900	Embedded	50%	Embedded	Embedded	\$8,700	\$17,400	\$1,400	\$2,800	Integrated	\$1100/\$2200 Ded then \$15/\$85/60%
FRVT-HMOH-BA2-003-S (2022)	HDHMO	Bronze	Standard	On Exchange	50%	50%	50%	50%	50%	50%	\$5,700	\$11,400	Aggregate	50%	Stacked	Aggregate	\$7,100	\$14,200"	\$1,400	\$2,800	Integrated	\$12/40%/60%, Subject to Med Deductible
FRVT-HMO-BA2-004-S (2022)	HyHMO	Bronze	Standard	On Exchange	\$40 No DD	\$100 No DD	0%	0%	0%	0%	\$8,700	\$17,400	Embedded	0%	Embedded	Embedded	\$8,700	\$17,400	N/A	N/A	N/A	\$30 No DD/0%/0%, Subject to Med Deductible
																						\$35 No DD / \$0 / \$0, Subject to Med Deductible, VBID =
FRVT-HMO-BA2-005-N (2022)	HyHMO	Bronze	Non-Standard	On Exchange	0%**	0%	0%	0%	0%	0%	\$7,850	\$15,700	Embedded	0%	Embedded	Embedded	\$7,850	\$15,700	N/A	N/A	N/A	\$3#
FRVT-HMO-BA2-001-N (2022)	HyHMO	Bronze	Non-Standard	On Exchange	\$40	\$100	50%	50%	50%	\$100	\$7,250	\$14,500	Embedded	50%	Embedded	Embedded	\$8,400	\$16,800	N/A	N/A	N/A	\$25/\$100/60%, \$700/\$1400 Ded, VBID = \$3 #

American	Indian and Alaskan Nat	tive (AI/AN) Benefits	s (Subsidized)									In-Netwo	rk Benefits									
			1								Med						Med OOP	Med OOP	Rx OOP	Rx OOP		
			Standard/Non-	On/Off			IP				Ded	Med Ded	Deductible		Med OOP	Rx OOP	Max	Max	Max	Max	OOP Max	
Coplan	Product Type	Metal Level	Standard	Exchange	PCP	SCP	(Med/Surg)	ER	OP Surg	Amb	Single	Family	Type	Coins.	Type	Type	Single	Family	Single	Family	Type	Pharmacy
FRVT-HMO-PA1-001-S (2022)	HyHMO	Platinum	Standard	On Exchange	\$0	\$0	0%	\$0	0%	\$0	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
FRVT-HMO-GA1-001-S (2022)	HyHMO	Gold	Standard	On Exchange	\$0	\$0	0%	\$0	0%	\$0	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
RVT-HMO-GA1-002-N (2022)	HyHMO	Gold	Non-Standard	On Exchange	\$0	\$0	0%	\$0	0%	\$0	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
RVT-HMOH-GA1-003-N (2022)	HDHMO	Gold	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
RVT-HMO-SA1-003-S (2022)	HyHMO	Silver	Standard	On Exchange	\$0	\$0	0%	\$0	0%	\$0	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
RVT-HMOH-SA1-004-S (2022)	HDHMO	Silver	Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
RVT-HMOH-SA1-002-N (2022)	HDHMO	Silver	Non-Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
RVT-HMO-SA1-001-N (2022)	HyHMO	Silver	Non-Standard	On Exchange	\$0	\$0	0%	\$0	\$0	\$0	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
RVT-HMO-BA1-002-S (2022)	HyHMO	Bronze	Standard	On Exchange	\$0	\$0	0%	0%	0%	\$0	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
RVT-HMOH-BA1-003-S (2022)	HDHMO	Bronze	Standard	On Exchange	0%	0%	0%	0%	0%	0%	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
RVT-HMO-BA1-004-S (2022)	HyHMO	Bronze	Standard	On Exchange	\$0	\$0	0%	0%	0%	0%	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
RVT-HMO-BA1-005-N (2022)	HyHMO	Bronze	Non-Standard	On Exchange	\$0	0%	0%	0%	0%	0%	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
RVT-HMO-BA1-001-N (2022)	HVHMO	Bronze	Non-Standard	On Exchange	\$0	\$0	0%	0%	0%	\$0	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0

Services subject to deductible (DD) unless otherwise stated.

**First 3 PCP Office Vists are not subject to deductible

*Services provided by a tribal facility are covered in full for non-HDHP plans. For HDHP plans, services are covered in full if provided by a tribal facility after the deductible is met.

Generic Drugs are Covered in full up to age 10, after Pharmacy deductible is met.

*Family structure is \$8,700 for each member up to family limit

Exhibit 1a -- Comparison of 2021 to 2022 Benefits by Plan

MVP Health Plan, Inc. 2022 Vermont Exchange Rate Filing For Effective Dates Beginning Between January 1, 2022 - December 31, 2022

											In-Netwo	rk Benefits									
										Med						Med OOP	Med OOP	Rx OOP	Rx OOP		
			Standard/Non-			IP				Ded	Med Ded	Deductible		Med OOP	Rx OOP	Max	Max	Max	Max	OOP Max	
Form ID	Product Type	Metal Level	Standard	PCP	SCP	(Med/Surg)	ER	OP Surg	Amb	Single	Family	Type	Coins.	Type	Type	Single	Family	Single	Family	Type	Pharmacy
FRVT-HMO-P-001-S (2021)	HyHMO	Platinum	Standard	\$15 No DD	\$40 No DD	10%	\$100	10%	\$60 No DD	\$350	\$700	Embedded	10%	Embedded	Embedded	\$1,400	\$2,800	\$1,400	\$2,800	Separate	\$10/\$50/50%
FRVT-HMO-P-001-S (2022)	HyHMO	Platinum	Standard	\$15 No DD	\$40 No DD	10%	\$100	10%	\$60 No DD	\$400	\$800	Embedded	10%	Embedded	Embedded	\$1,400	\$2,800	\$1,400	\$2,800	Separate	\$10/\$50/50%
FRVT-HMO-G-001-S (2021)	HyHMO	Gold	Standard	\$20 No DD	\$50 No DD	30%	\$150	30%	\$70 No DD	\$1,100	\$2,200	Embedded	30%	Embedded	Embedded	\$5,200	\$10,400	\$1,400	\$2,800	Separate	\$12/\$55/50% \$100/\$200 Brand Ded
FRVT-HMO-G-001-S (2022)	HyHMO	Gold	Standard	\$20 No DD	\$50 No DD	30%	\$150	30%	\$70 No DD	\$1,200	\$1,400	Embedded	30%	Embedded	Embedded	\$5,400	\$10,800	\$1,400	\$2,800	Separate	\$12/\$55/50% \$150/\$300 Brand Ded
FRVT-HMO-G-002-N (2021)	HyHMO	Gold	Non-Standard	\$20 No DD	\$40 No DD	20%	\$250	20%	\$50	\$700	\$1,400	Embedded	20%	Embedded	Embedded	\$6,500	\$13,000	\$1,400	\$2,800	Separate	\$15 / \$40 / 50%, \$250 / \$500 Brand Ded, VBID = \$1 #
FRVT-HMO-G-002-N (2022)	HyHMO	Gold	Non-Standard	\$20 No DD	\$40 No DD	20%	\$250	20%	\$50	\$700	\$1,400	Embedded	20%	Embedded	Embedded	\$6,500	\$13,000	\$1,400	\$2,800	Separate	\$15 / \$40 / 50%, \$250 / \$500 Brand Ded, VBID = \$1 #
FRVT-HMOH-G-003-N (2021)	HDHMO	Gold	Non-Standard	0%	0%	0%	0%	0%	0%	\$3,000	\$6,000	Aggregate	0%	Aggregate	Aggregate	\$3,000	\$6,000	\$1,400	\$2,800	Integrated	\$10 / \$15 / 5%, Subject to Med Deductible
FRVT-HMOH-G-003-N (2022)	HDHMO	Gold	Non-Standard	0%	0%	0%	0%	0%	0%	\$3,200	\$6,400	Aggregate	0%	Aggregate	Aggregate	\$3,200	\$6,400	\$1,400	\$2,800	Integrated	\$10 / \$15 / 5%, Subject to Med Deductible
FRVT-HMO-S-003-S (2021)	HyHMO	Silver	Standard	\$35 No DD	\$80 No DD	50%	\$250	50%	\$100 No DD	\$3,200	\$6,400	Embedded	50%	Embedded	Embedded	\$8,150	\$16,300	\$1,400	\$2,800	Integrated	\$15 / \$60 / 50%, \$350/\$700 Brand Ded
FRVT-HMO-S-003-S (2022)	HvHMO	Silver	Standard	\$35 No DD	\$80 No DD	50%	\$250	50%	\$100 No DD	\$3,400	\$6.800	Embedded	50%	Embedded	Embedded	\$8,550	\$17,100	\$1,400	\$2.800	Integrated	\$15 / \$60 / 50%, \$350/\$700 Brand Ded
FRVT-HMOH-S-004-S (2021)	HDHMO	Silver	Standard	10%	30%	30%	30%	30%	30%	\$1,750	\$3,500	Aggregate	30%	Stacked	Aggregate	\$6,900	\$13.800"	\$1,400	\$2,800	Integrated	\$10/\$40/50%. Subject to Med Deductible
FRVT-HMOH-S-004-S (2022)	HDHMO	Silver	Standard	10%	30%	30%	30%	30%	30%	\$1.850	\$3,700	Aggregate	30%	Stacked	Aggregate	\$6,900	\$13.800"	\$1,400	\$2,800	Integrated	\$10/\$40/50%, Subject to Med Deductible
FRVT-HMOH-S-002-N (2021)	HDHMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$5.075	\$10,150	Embedded	0%	Embedded	Aggregate	\$5.075	\$10,150	\$1,400	\$2,800	Integrated	0% / 0% / 0%. Subject to Med Deductible
FRVT-HMOH-S-002-N (2022)	HDHMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$5.075	\$10,150	Embedded	0%	Embedded	Aggregate	\$5,075	\$10,150	\$1,400	\$2,800	Integrated	0% / 0% / 0%, Subject to Med Deductible
								\$1,400 (Fac)		11/1					55 5	, . ,	, .,	. ,	. ,		
FRVT-HMO-S-001-N (2021)	HvHMO	Silver	Non-Standard	\$30**	\$60	50%	\$400	\$300 (Phys)	\$100	\$1,500	\$3.000	Embedded	50%	Embedded	Embedded	\$6,700	\$13,400	\$1,400	\$2.800	Separate	\$500/\$1000 Ded then \$5/50%/50%. VBID = \$1 #
	,			***	7			\$1,400 (Fac)	¥.00	V .,,000	40,000					4 2,1.22	¥ 1.0, 1.0.0	4.,	42,000		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
FRVT-HMO-S-001-N (2022)	HvHMO	Silver	Non-Standard	\$30**	\$60	50%	\$400	\$300 (Phys)	\$100	\$1,750	\$3,500	Embedded	50%	Embedded	Embedded	\$6,950	\$13,900	\$1,400	\$2.800	Separate	\$750/\$1500 Ded then \$5/50%/50%. VBID = \$1 #
VT-HMO-S-003-S II (2021)	HvHMO	Silver	Standard	\$35 No DD	\$80 No DD	50%	\$250	50%	\$105 No DD	\$3,200	\$6,400	Embedded	50%	Embedded	Embedded	\$8,150	\$16,300	\$1,400	\$2,800	Integrated	\$15 / \$60 / 50%, \$350/\$700 Brand Ded
VT-HMO-S-003-S II (2022)	HvHMO	Silver	Standard	\$35 No DD	\$80 No DD	50%	\$250	50%	\$105 No DD	\$3,400	\$6.800	Embedded	50%	Embedded	Embedded	\$8,550	\$17,100	\$1,400	\$2,800	Integrated	\$15 / \$60 / 50%, \$350/\$700 Brand Ded
VT-HMOH-S-004-S II (2021)	HDHMO	Silver	Standard	10%	30%	30%	30%	30%	35%	\$1,750	\$3,500	Aggregate	30%	Stacked	Aggregate	\$6,900	\$13.800"	\$1,400	\$2,800	Integrated	\$10/\$40/50%. Subject to Med Deductible
VT-HMOH-S-004-S II (2022)	HDHMO	Silver	Standard	10%	30%	30%	30%	30%	35%	\$1.850	\$3,700	Aggregate	30%	Stacked	Aggregate	\$6,900	\$13.800"	\$1,400	\$2,800	Integrated	\$10/\$40/50%. Subject to Med Deductible
VT-HMOH-S-002-N II (2021)	HDHMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$5,100	\$10,200	Embedded	0%	Embedded	Aggregate	\$5,100	\$10,200	\$1,400	\$2,800	Integrated	0% / 0% / 0%. Subject to Med Deductible
VT-HMOH-S-002-N II (2022)	HDHMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$5,100	\$10,200	Embedded	0%	Embedded	Aggregate	\$5,100	\$10,200	\$1,400	\$2,800	Integrated	0% / 0% / 0%. Subject to Med Deductible
								\$1,400 (Fac)							55 5	, , , , ,	, .,	. ,	. ,		
VT-HMO-S-001-N II (2021)	HvHMO	Silver	Non-Standard	\$30**	\$60	50%	\$400	\$300 (Phys)	\$105	\$1,500	\$3.000	Embedded	50%	Embedded	Embedded	\$6,700	\$13,400	\$1,400	\$2.800	Separate	\$500/\$1000 Ded then \$5/50%/50%, VBID = \$1 #
								\$1,400 (Fac)		. ,	,					,	,	. ,	. ,	<u> </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
VT-HMO-S-001-N II (2022)	HvHMO	Silver	Non-Standard	\$30**	\$60	50%	\$400	\$300 (Phys)	\$105	\$1,750	\$3,500	Embedded	50%	Embedded	Embedded	\$6.950	\$13,900	\$1,400	\$2.800	Separate	\$750/\$1500 Ded then \$5/50%/50%. VBID = \$1 #
FRVT-HMO-B-002-S (2021)	HMO	Bronze	Standard	\$35	\$90	50%	50%	50%	\$100	\$6,250	\$12,500	Embedded	50%	Embedded	Embedded	\$8,400	\$16,800	\$1,400	\$2,800	Integrated	\$1000/\$2000 Ded then \$15/\$85/60%
FRVT-HMO-B-002-S (2022)	HMO	Bronze	Standard	\$35	\$90	50%	50%	50%	\$100	\$6,450	\$12,900	Embedded	50%	Embedded	Embedded	\$8,700	\$17,400	\$1,400	\$2,800	Integrated	\$1100/\$2200 Ded then \$15/\$85/60%
FRVT-HMOH-B-003-S (2021)	HDHMO	Bronze	Standard	50%	50%	50%	50%	50%	50%	\$5,500	\$11,000	Aggregate	50%	Stacked	Aggregate	\$6,900	\$13.800"	\$1,400	\$2,800	Integrated	\$12/40%/60%. Subject to Med Deductible
FRVT-HMOH-B-003-S (2022)	HDHMO	Bronze	Standard	50%	50%	50%	50%	50%	50%	\$5,700	\$11,400	Aggregate	50%	Stacked	Aggregate	\$7,100	\$14.200"	\$1,400	\$2,800	Integrated	\$12/40%/60%. Subject to Med Deductible
FRVT-HMO-B-004-S (2021)	HMO	Bronze	Standard	\$40 No DD	\$100 No DD	0%	0%	0%	0%	\$8,400	\$16,800	Embedded	0%	Embedded	Embedded	\$8,400	\$16,800	N/A	N/A	N/A	\$30 No DD/0%/0%. Subject to Med Deductible
FRVT-HMO-B-004-S (2022)	HMO	Bronze	Standard	\$40 No DD	\$100 No DD		0%	0%	0%	\$8,700		Embedded	0%	Embedded	Embedded	\$8,700	\$17,400	N/A	N/A	N/A	\$30 No DD/0%/0%. Subject to Med Deductible
FRVT-HMO-B-005-N (2021)	HMO	Bronze	Non-Standard	0%**	0%	0%	0%	0%	0%	\$7.850		Embedded	0%	Embedded	Embedded	\$7.850	\$15,700	N/A	N/A	N/A	\$35 No DD / \$0 / \$0. Subject to Med Deductible. VBID = \$3 #
FRVT-HMO-B-005-N (2022)	HMO	Bronze	Non-Standard	0%**	0%	0%	0%	0%	0%	\$7.850	\$15,700	Embedded	0%	Embedded	Embedded	\$7,850	\$15,700	N/A	N/A	N/A	\$35 No DD / \$0 / \$0, Subject to Med Deductible, VBID = \$3 #
FRVT-HMO-B-001-N (2021)	HMO	Bronze	Non-Standard	\$40	\$100	50%	50%	50%	\$100	\$7,250		Embedded	50%	Embedded	Embedded	\$8,400	\$16,800	N/A	N/A	N/A	\$25/\$100/60%. \$700/\$1400 Ded. VBID = \$3 #
FRVT-HMO-B-001-N (2022)	HMO	Bronze	Non-Standard	\$40	\$100	50%	50%	50%	\$100		\$14,500	Embedded	50%	Embedded	Embedded	\$8,400	\$16,800	N/A	N/A	N/A	\$25/\$100/60%, \$700/\$1400 Ded, VBID = \$3 #
FRVT-HMO-C-001-N (2021)	HMO	Catastrophic	Standard	\$0**	\$0	0%	\$0	0%	\$0	\$8,550		Embedded	0%	Embedded	Embedded	\$8,550	\$17,100	\$1,400	\$2.800	Integrated	\$0 / \$0 / \$0 Subject to Med Deductible
FRVT-HMO-C-001-N (2022)	HMO	Catastrophic	Standard	\$0**	\$0	0%	\$0	0%	\$0			Embedded	0%	Embedded		\$8,700	\$17,400	\$1,400	\$2,800	Integrated	\$0 / \$0 / \$0 Subject to Med Deductible

Subsidiz	ed Cost-Sharing Benef	its (Non Al/AN)									In-Netwo	rk Benefits									
		,								Med						Med OOP	Med OOP	Rx OOP	Rx OOP		
			Standard/Non-			IP				Ded	Med Ded	Deductible		Med OOP	Rx OOP	Max	Max	Max	Max	OOP Max	
Coplan	Product Type	Metal Level	Standard	PCP	SCP	(Med/Surg)	ER	OP Surg	Amb	Single	Family	Type	Coins.	Type	Type	Single	Family	Single	Family	Type	Pharmacy
FRVT-HMO-S3-001-S (2021)	HyHMO	Silver	Standard	\$35 No DD	\$70 No DD	50%	\$250	50%	\$100 No DD	\$3,100	\$6,200	Embedded	50%	Embedded	Embedded	\$6,750	\$13,500	\$1,250	\$2,500	Integrated	\$12 / \$60 / 50%, \$350 / \$700 Brand Ded
FRVT-HMO-S3-001-S (2022)	HyHMO	Silver	Standard	\$35 No DD	\$70 No DD	50%	\$250	50%	\$100 No DD	\$3,100	\$6,200	Embedded	50%	Embedded	Embedded	\$6,750	\$13,500	\$1,250	\$2,500	Integrated	\$12 / \$60 / 50%, \$350 / \$700 Brand Ded
FRVT-HMO-S3-002-S (2021)	HyHMO	Silver	Standard	\$10 No DD	\$30 No DD	40%	\$250	40%	\$100 No DD	\$1,100	\$2,200	Embedded	40%	Embedded	Embedded	\$2,200	\$4,400	\$450	\$900	Integrated	\$10 / \$50 / 50%, \$200 / \$400 Brand Ded
FRVT-HMO-S3-002-S (2022)	HyHMO	Silver	Standard	\$10 No DD	\$30 No DD	40%	\$250	40%	\$100 No DD	\$1,100	\$2,200	Embedded	40%	Embedded	Embedded	\$2,200	\$4,400	\$450	\$900	Integrated	\$10 / \$50 / 50%, \$200 / \$400 Brand Ded
FRVT-HMO-S3-003-S (2021)	HyHMO	Silver	Standard	\$5 No DD	\$15 No DD	10%	\$75	10%	\$50 No DD	\$200	\$400	Embedded	10%	Embedded	Embedded	\$900	\$1,800	\$200	\$400	Integrated	\$5 / \$20 / 30%
FRVT-HMO-S3-003-S (2022)	HyHMO	Silver	Standard	\$5 No DD	\$15 No DD	10%	\$75	10%	\$50 No DD	\$200	\$400	Embedded	10%	Embedded	Embedded	\$900	\$1,800	\$200	\$400	Integrated	\$5 / \$20 / 30%
FRVT-HMO-S3-004-S (2021)	HyHMO	Silver	Standard	\$25 No DD	\$50 No DD	50%	\$250	50%	\$100 No DD	\$2,600	\$5,200	Embedded	50%	Embedded	Embedded	\$6,000	\$12,000	\$1,100	\$2,200	Integrated	\$12 / \$60 / 50%, \$300 / \$600 Brand Ded
FRVT-HMO-S3-004-S (2022)	HyHMO	Silver	Standard	\$25 No DD	\$50 No DD	50%	\$250	50%	\$100 No DD	\$2,600	\$5,200	Embedded	50%	Embedded	Embedded	\$6,000	\$12,000	\$1,100	\$2,200	Integrated	\$12 / \$60 / 50%, \$300 / \$600 Brand Ded
FRVT-HMOH-S4-001-S (2021)	HDHMO	Silver	Standard	Ded then 10%	25%	25%	25%	25%	25%	\$1,750	\$3,500	Aggregate	25%	Stacked	Aggregate	\$5,200	\$10,400"	\$1,400	\$2,800	Integrated	\$10 / \$40 / 50% Subject to Med Deductible
FRVT-HMOH-S4-001-S (2022)	HDHMO	Silver	Standard	Ded then 10%	25%	25%	25%	25%	25%	\$1,750	\$3,500	Aggregate	25%	Stacked	Aggregate	\$5,200	\$10,400"	\$1,400	\$2,800	Integrated	\$10 / \$40 / 50% Subject to Med Deductible
FRVT-HMOH-S4-002-S (2021)	HMO	Silver	Standard	0%	0%	0%	0%	0%	0%	\$1,400	\$2.800	Aggregate	0%	Aggregate	Aggregate	\$1,400	\$2.800	\$1,400	\$2.800	Integrated	\$0 / \$0 / 0% Subject to Med Deductible
FRVT-HMOH-S4-002-S (2022)	HMO	Silver	Standard	0%	0%	0%	0%	0%	0%	\$1,400	\$2,800	Aggregate	0%	Aggregate	Aggregate	\$1,400	\$2,800	\$1,400	\$2,800	Integrated	\$0 / \$0 / 0% Subject to Med Deductible
FRVT-HMOH-S4-003-S (2021)	HMO	Silver	Standard	0%	0%	0%	0%	0%	0%	\$550	\$1,100	Aggregate	0%	Aggregate	Aggregate	\$550	\$1,100	\$550	\$1,100	Integrated	\$0 / \$0 / 0% Subject to Med Deductible
FRVT-HMOH-S4-003-S (2022)	HMO	Silver	Standard	0%	0%	0%	0%	0%	0%	\$550	\$1,100	Aggregate	0%	Aggregate	Aggregate	\$550	\$1,100	\$550	\$1,100	Integrated	\$0 / \$0 / 0% Subject to Med Deductible
FRVT-HMOH-S4-004-S (2021)	HDHMO	Silver	Standard	Ded then 10%	25%	25%	25%	25%	25%	\$1,600	\$3,200	Aggregate	25%	Stacked	Aggregate	\$4,400	\$8.800"	\$1,400	\$2,800	Integrated	\$10 / \$40 / 50% Subject to Med Deductible
FRVT-HMOH-S4-004-S (2022)	HDHMO	Silver	Standard	Ded then 10%	25%	25%	25%	25%	25%	\$1,600		Aggregate	25%	Stacked	Aggregate	\$5,200	\$10.400"	\$1,400	\$2,800	Integrated	\$10 / \$40 / 50% Subject to Med Deductible
FRVT-HMOH-S2-001-N (2021)	HDHMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$4,250	\$8,500	Embedded	0%	Embedded	Aggregate	\$4,250	\$8.500	\$1,400	\$2,800	Integrated	0% / 0% / 0%. Subject to Med Deductible
FRVT-HMOH-S2-001-N (2022)	HDHMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$4,250	\$8,500	Embedded	0%	Embedded	Aggregate	\$4,250	\$8,500	\$1,400	\$2,800	Integrated	0% / 0% / 0%. Subject to Med Deductible
FRVT-HMOH-S2-002-N (2021)	HMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$1,500	\$3,000	Embedded	0%	Embedded	Embedded	\$1.500	\$3,000	\$1,400	\$2,800	Integrated	0% / 0% / 0%. Subject to Med Deductible
FRVT-HMOH-S2-002-N (2022)	HMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$1,500	\$3.000	Embedded	0%	Embedded	Embedded	\$1,500	\$3,000	\$1,400	\$2.800	Integrated	0% / 0% / 0%. Subject to Med Deductible
FRVT-HMOH-S2-003-N (2021)	HMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$550	\$1,100	Embedded	0%	Embedded	Embedded	\$550	\$1,100	\$550	\$1,100	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-S2-003-N (2022)	HMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$550	\$1,100	Embedded	0%	Embedded	Embedded	\$550	\$1,100	\$550	\$1,100	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-S2-004-N (2021)	HMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$3,250	\$6.500	Embedded	0%	Embedded	Aggregate	\$3,250	\$6,500	\$1,400	\$2,800	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMOH-S2-004-N (2022)	HMO	Silver	Non-Standard	0%	0%	0%	0%	0%	0%	\$3,250	\$6.500	Embedded	0%	Embedded		\$3,250	\$6,500	\$1,400	\$2,800	Integrated	0% / 0% / 0%, Subject to Med Deductible
,						411		\$1400 (Fac)		40,200					955	**,=**	40,000	* 1,110	4=,000		
FRVT-HMO-S1-001-N (2021)	HvHMO	Silver	Non-Standard	\$30**	\$60	50%	\$350	\$300 (Phys)	\$100	\$1,300	\$2,600	Embedded	50%	Embedded	Embedded	\$5,500	\$11,000	\$1,400	\$2.800	Separate	\$450/900 Ded then \$5/50%/50%, VBID = \$1 #
, , , ,	,							\$1400 (Fac)		, ,	. ,					,	, ,	- / / / /	. ,	· ·	, , , , , ,
FRVT-HMO-S1-001-N (2022)	HvHMO	Silver	Non-Standard	\$30**	\$60	50%	\$350	\$300 (Phys)	\$100	\$1,300	\$2,600	Embedded	50%	Embedded	Embedded	\$5,500	\$11,000	\$1,400	\$2,800	Separate	\$450/900 Ded then \$5/50%/50%, VBID = \$1 #
, , , ,	,							\$200 (Fac)		, ,	. ,					,	, ,	- / / / /	. ,	· ·	, , , , , ,
FRVT-HMO-S1-002-N (2021)	HvHMO	Silver	Non-Standard	\$10 No DD	\$30	10%	\$50	\$100 (Phys)	\$50	\$100	\$200	Embedded	10%	Embedded	Embedded	\$2,500	\$5,000	\$650	\$1.300	Separate	\$5 / 20% / 40%, \$100 / \$200 Ded, VBID = \$1 #
	,			*	700			\$200 (Fac)	7.0		7-00					42,000	40,000	7000	V .,000		***************************************
FRVT-HMO-S1-002-N (2022)	HvHMO	Silver	Non-Standard	\$10 No DD	\$30	10%	\$50	\$100 (Phys)	\$50	\$100	\$200	Embedded	10%	Embedded	Embedded	\$2,500	\$5,000	\$650	\$1.300	Separate	\$5 / 20% / 40%, \$100 / \$200 Ded, VBID = \$1 #
	,			*	700			\$40 (Fac)	7.0		7-00					42,000	40,000	7000	V .,000		***************************************
FRVT-HMO-S1-003-N (2021)	HvHMO	Silver	Non-Standard	\$5 No DD	\$10	5%	\$25	\$20 (Phys)	\$25	\$0	\$0	Embedded	5%	Embedded	Embedded	\$1.450	\$2,900	\$350	\$700	Separate	\$5 / 5% / 5%. VBID = \$1 #
11(1111110 01 000 11 (2021)	11,111110	Onvoi	11011 Ottanidard	40.110.00	Ψ10	0.0	ŲL0	\$40 (Fac)	QL0	40	- 40	Linboadoa	0.10	Linboadoa	Liliboadoa	\$1,100	\$2,000	4000	ψ100	Оорагако	\$67 6767 676, VBID \$7111
FRVT-HMO-S1-003-N (2022)	HvHMO	Silver	Non-Standard	\$5 No DD	\$10	5%	\$25	\$20 (Phys)	\$25	\$0	\$0	Embedded	5%	Embedded	Embedded	\$1,450	\$2,900	\$350	\$700	Separate	\$5 / 5% / 5%. VBID = \$1 #
	,	28701	Standard	12.1000	10	270		\$800 (Fac)	120			50000	-70			Ţ.,100	\$2,000	+500	Ţ100		
FRVT-HMO-S1-004-N (2021)	HvHMO	Silver	Non-Standard	\$10**	\$40	30%	\$100	\$200 (Phys)	\$100	\$500	\$1.000	Embedded	30%	Embedded	Embedded	\$5,500	\$11,000	\$1,400	\$2.800	Separate	\$5 / 40% / 40%, \$200 / \$400 Ded, VBID = \$1 #
2 : 301 N (2021)	,	28701	Standard	1.0	7.0	2270	+.00	\$800 (Fac)	Ţ.00	+300	Ţ.,000	50000	2370			+=,000	Ţ,000	\$.,100	,000	22,01010	+1:, +2::: \$100 Bod, YBIB \$111
FRVT-HMO-S1-004-N (2022)	HvHMO	Silver	Non-Standard	\$10**	\$40	30%	\$100	\$200 (Phys)	\$100	\$500	\$1.000	Embedded	30%	Embedded	Embedded	\$5,500	\$11,000	\$1,400	\$2.800	Separate	\$5 / 40% / 40%, \$200 / \$400 Ded, VBID = \$1 #

Changes in benefits from 2021 to 2022 are shown in gray shading.

Exhibit 2 -- Pricing Trend Assumptions

MVP Health Plan, Inc. 2022 Vermont Exchange Rate Filing For Effective Dates Beginning Between January 1, 2022 - December 31, 2022

Experience Period: January 1, 2019 - December 31, 2019 Rating Period: January 1, 2022 - December 31, 2022

	2020	2021	2022	Total	
Months of Trend	12	12	12	36	

Medical Trend Summary

	202	0 Annual Trend		
	% of Allowed Claims	Unit Cost	Utilization	Total
IP	21.4%	4.9%	1.0%	6.0%
OP	50.3%	4.3%	1.0%	5.3%
PHY	28.3%	0.9%	1.0%	1.9%
OTR	0.0%	0.0%	0.0%	0.0%
Medical Total		3.5%	1.0%	4.5%

	202	T Annual Trend		
	% of Allowed Claims	Unit Cost	Utilization	Total
IP	21.7%	6.3%	1.0%	7.3%
OP	50.7%	6.0%	1.0%	7.1%
PHY	27.6%	2.4%	1.0%	3.4%
OTR	0.0%	0.0%	0.0%	0.0%
Medical Total		5.1%	1.0%	6.1%

	<u>202</u>	2 Annual Trend		
	% of Allowed Claims	Unit Cost	Utilization	Total
IP	21.9%	6.4%	1.0%	7.5%
OP	51.2%	6.2%	1.0%	7.3%
PHY	26.9%	4.3%	1.0%	5.3%
OTR	0.0%	0.0%	0.0%	0.0%
Medical Total		5.7%	1.0%	6.8%

Annual Allowed Medical Trend 5.8%

		Leveraging Impact - Fee	-For-Service Medica	ii Ciaims	
	Allowed-COB	Coinsurance	Copay	Deductible	Paid*
Rating Period:	\$455.64	\$10.32	\$10.12	\$48.10	\$387.10
36 Months of Trend:	1.185	1.185	1.030	1.064	1.204
Projection Period:	\$539.79	\$12.23	\$10.43	\$51.20	\$465.93
Illowed Trend (Annual)	5.8%				
Paid Trend (Annual)	6.4%				
Leveraging (Annual)	0.5%				

			R	x Trend Summary				
	<u>2020</u>	<u>Trend</u>	2021	Trend	2022	Trend	Annualiz	zed Trend
	Unit Cost	Utilization	Unit Cost	Utilization	Unit Cost	Utilization	Unit Cost	Utilization
Generic	6.0%	10.0%	-3.8%	2.2%	-2.8%	2.6%	-0.3%	4.9%
Brand	11.7%	6.3%	8.1%	4.8%	4.1%	2.6%	7.9%	4.6%
Specialty	5.8%	20.1%	5.3%	10.2%	6.8%	12.0%	5.9%	14.0%

Exhibit 2b -- Rx Trend Development

MVP Health Plan, Inc. 2022 Vermont Exchange Rate Filing For Effective Dates Beginning Between January 1, 2022 - December 31, 2022

Rx Claim Information	Generic	Brand	Specialty	Total
Experience Period Scripts / 1000	11,446	676	102	12,225
Experience Period Allowed Cost per Script	\$16.66	\$418.78	\$4,209.51	\$74.02
Experience Period Deductible Per Script	\$2.36	\$18.81	\$53.31	\$3.69
Experience Period Copay Per Script	\$2.76	\$11.43	\$9.89	\$3.30
Experience Period Coinsurance Per Script	\$1.04	\$25.31	\$39.61	\$2.70
Experience Period Paid Cost Per Script	\$10.51	\$363.23	\$4,106.69	\$64.33
Experience Period Allowed PMPM	\$15.89	\$23.58	\$35.94	\$75.41
Experience Period Deductible PMPM	\$2.25	\$1.06	\$0.46	\$3.76
Experience Period Copay PMPM	\$2.63	\$0.64	\$0.08	\$3.36
Experience Period Coinsurance PMPM	\$0.99	\$1.43	\$0.34	\$2.75
Experience Period Paid PMPM Experience Period Rx Rebates PMPM	\$10.03	\$20.45	\$35.06	\$65.54 (\$16.61)
Annual Util Trend	1.049	1.046	1.140	1.049
Annual Unit Cost Trend	0.997	1.079	1.059	1.098
Annual Allowed Trend	1.046	1.129	1.208	1.152
Annual Deductible Trend	1.021	1.021	1.021	1.082
Annual Paid Trend	1.039	1.134	1.208	1.162
Annual Paid Trend Net of Rebates	n/a	n/a	n/a	1.166
Months of Trend	36	36	36	36
Projected Scripts / 1000	13,206	772	152	14,130
Projected Allowed Cost per Script	\$16.51	\$526.70	\$5,004.37	\$97.99
Projected Deductible Per Script	\$2.51	\$20.02	\$56.75	\$4.05
Projected Copay Per Script	\$2.76	\$11.43	\$9.89	\$3.31
Projected Coinsurance Per Script	\$1.03	\$31.84	\$47.09	\$3.21
Projected Paid Cost Per Script	\$10.22	\$463.42	\$4,890.64	\$87.43
Projected Allowed PMPM	\$18.17	\$33.90	\$63.31	\$115.39
Projected Deductible PMPM	\$2.76	\$1.29	\$0.72	\$4.77
Projected Copay PMPM	\$3.04	\$0.74	\$0.13	\$3.90
Projected Coinsurance PMPM	\$1.13	\$2.05	\$0.60	\$3.77
Projected Paid PMPM Projected Rx Rebates Net Projected Paid PMPM	\$11.25	\$29.82	\$61.88	\$102.95 (\$25.42) \$77.53

Development of Index PMPM Claim Rate

Experience Period Incurred DOS: 1/1/19 - 12/31/19

Completed Through: 3/31/21

		ACA Compliant Individual
1	Member Months	168,909
2	FFS Paid Medical Claims	\$387.96
3	FFS Paid Pediatric Dental Claims	\$0.80
4a	Federal CSR Payments	(\$31.37)
	State CSR Payments	(\$2.57)
	IBNR Factor	1.000
6	FFS Incurred Paid Medical Claims	\$354.82
7	FFS Incurred Rx Claims	\$65.54
8	Experience Period Rx Rebates	(\$16.61)
9	FFS Incurred Rx Claims (Net of Rebates)	\$48.92
10	FFS Medical & Rx Claims in Excess of \$100,000 Pooling Point	(\$54.73)
11	Pooling Charge	\$50.35
12	FFS Experience Period Claim Expense After Pooling Adjustment	\$399.36
	Experience Period Capitation and Non-FFS Medical Costs	\$10.34
14	Adjusted Experience Period Claim Expense	\$409.70
	Market-Wide Adjustments to Experience Period Claims	
	Adjustment for pharmacy benefit carve-in	\$0.12
	Adjustment for Safe Harbor Coverage on QHDHP's	\$0.06
	Adjustment for Insulin Cap	\$0.14
	Adjustment for COVID-19 Booster Shots	\$1.14
	Adjustment for Telehealth Utilization Increase	\$1.89
	Adjustment for National High Cost Reinsurance Pool	\$1.24
21	Experience Period Claim Expense After All Adjustments	\$414.29
	Annual FFS Medical projection factor	1.064
	Annual FFS Rx projection factor	1.166
	Annual FFS Claim trend projection factor	1.076
	Months of Trend	36
26	Projection Period FFS Claim Expense PMPM Prior to Adjustments for Federal Programs	\$503.12
	Projection Period VT Paid Claim Surcharge + NYS HCRA	\$5.78
	Projection Period Capitation and Non-FFS Medical Costs	\$6.09
29	Paid Index Rate PMPM Prior to Adjustments for Federal Programs	\$514.99
	Federal Reinsurance and Risk Adjustment Programs	
30	Federal Risk Adjustment Program Impact	\$93.53
31	Paid Index Rate PMPM After Adjustments for Federal Programs	\$608.53

Exhibit 4 -- Conversion Factor and Tier Ratios

MVP Health Plan, Inc. 2022 Vermont Exchange Rate Filing For Effective Dates Beginning Between January 1, 2022 - December 31, 2022

				Avg Contrac	t
Tier	Contract Type	Subscribers	Members	Size	Load Factor
4	Single	8,065	8,068	1.000	1.000
4	Double	2,117	4,236	2.001	2.000
4	Parent/Child(ren)	261	613	2.349	1.930
4	Family	658	2,454	3.729	2.810

Single Conversion Factor 1.049

Exhibit 5 -- Retention Loads, Taxes/Assessments, and Paid Claim Surcharges

MVP Health Plan, Inc. 2022 Vermont Exchange Rate Filing For Effective Dates Beginning Between January 1, 2022 - December 31, 2022

0/ - (D ' D - (('	
% of Premium Retention Compon	ents
Broker Load	0.00%
Bad Debt	0.40%
Contribution to Reserves	1.50%
Total % of Premium Retention Components	1.90%
PMPM Retention Components	3
General Administrative Load	\$47.10
% of Premium Taxes and Assessm	nents
Premium Tax	0.00%
VT Vaccine Pilot	0.33%
Total % of Premium Taxes/Assessments	0.33%
% of Paid Claim Taxes and Assessi	ments
Vermont Paid Claim Surcharge	0.999%
New York State HCRA Surcharge	0.150%
Total % of Paid Claim Taxes/Assessments	1.149%
PMPM Taxes and Assessment	s
HHS Risk Adjustment User Fee	\$0.24
PCORI Fee	\$0.22
18 VSA 9374(h) Billback	\$1.52
Total PMPM Taxes/Assessments	\$1.98

Exhibit 6 -- Calculation of Load for On-Exchange Silver Plans

MVP Health Plan, Inc. 2022 Vermont Exchange Rate Filing For Effective Dates Beginning Between January 1, 2022 - December 31, 2022

Derivation of Projected CSR Load

Projection Period Federal CSR Dollars Projection Period Member Months, CSR Plans Projection Period Federal CSR PMPM	\$4,720,185 62,148 \$75.95	= 1) / 2)
4) IBNR Factor 5) Federal CSR PMPM with IBNR	1.000 \$75.95	= 3) * 4)
6) Annual Trend Factor7) Months of Trend	1.014 36	, ,
8) Trended Federal CSR PMPM	\$79.25	= 5) * 6) ^ [7) / 12]

Exhibit 7 -- 2022 Exchange Premium Rates

2022 Adjusted Paid Claim Cost (Exhibit 3, Line 31) \$608.53 Benefit Relativity * Induced Demand Reflected in Index Rate 0.7492 Adjusted Claim Cost for Pricing \$812.21

																				Increase	Increase		Increase
	B d d		04	010#	Federal and State		Induced	N-4 Ol-! O		Administrative	% of Premium	PMPM Taxes	Benefits in	000	Gross			Parent/Child		over 2021	over 2021	Increase	over 2021
Coplan	Product Type	Metal Level	Standard/No n-Standard	On/Off Exchange	Combined Subsidy	Actuarial Value	Utilization Factor*	PMPM	t Bad Debt / CTR (% of Premium)	Expense (PMPM)	Taxes and Assessments	and Assessments	Excess of EHB's**	CSR Loading	Claim Cost PMPM	Single*** [Oouble	(ren)	Family	Single Rate	Double Rate	over 2021 P/C Rate	Family Rate
FRVT-HMO-P-001-S (2022)	НуНМО	Platinum	Standard	On Exchange	Non-Subsidized	0.897	1.150	\$837.97	\$17.24	\$47.10	\$2.99	\$1.98	\$0.00	\$0.00	\$907.29		,903.66	\$1,837.03	\$2,674.64	19.2%	19.2%	19.2%	19.2%
FRVT-HMO-G-001-S (2022)	НуНМО	Gold	Standard	On Exchange	Non-Subsidized	0.780	1.074	\$680.00	\$14.17	\$47.10	\$2.46	\$1.98	\$0.00	\$0.00	\$745.71	\$782.32 \$1		\$1,509.88	\$2,198.32	16.1%	16.1%	16.1%	16.1%
FRVT-HMO-G-002-N (2022) FRVT-HMOH-G-003-N (2022)	HyHMO HDHMO	Gold Gold		On Exchange On Exchange	Non-Subsidized Non-Subsidized	0.809 0.794	1.090 1.080	\$716.40 \$696.48	\$14.90 \$14.52	\$47.10 \$47.10	\$2.59 \$2.52	\$1.98 \$1.98	\$1.40 \$1.40	\$0.00 \$0.00	\$784.38 \$764.00	\$822.89 \$1 \$801.51 \$1	,645.78	\$1,588.18 \$1,546.91	\$2,312.32 \$2,252.24	17.7% 17.4%	17.7% 17.4%	17.7% 17.4%	17.7% 17.4%
FRVT-HMO-S-003-N (2022)	HyHMO	Silver	Standard	On Exchange	Non-Subsidized	0.794	1.044	\$613.84	\$14.52 \$14.42	\$47.10	\$2.52	\$1.98	\$0.00	\$79.25	\$759.11	\$796.37 \$1		\$1,536.99	\$2,232.24	16.9%	16.9%	16.9%	16.9%
FRVT-HMOH-S-004-S (2022)	HDHMO	Silver	Standard	On Exchange	Non-Subsidized	0.708	1.035	\$595.71	\$14.07	\$47.10	\$2.44	\$1.98	\$0.00	\$79.25	\$740.56	\$776.92 \$1		\$1,499.46	\$2,183.15	16.1%	16.1%	16.1%	16.1%
FRVT-HMOH-S-002-N (2022)	HDHMO	Silver		On Exchange	Non-Subsidized	0.711	1.037	\$598.78	\$14.16	\$47.10	\$2.46	\$1.98	\$1.40	\$79.25	\$745.14	\$781.72 \$1		\$1,508.72	\$2,196.63	15.2%	15.2%	15.2%	15.2%
FRVT-HMO-S-001-N (2022)	НуНМО	Silver		On Exchange		0.692	1.028	\$577.45	\$13.74	\$47.10	\$2.39	\$1.98	\$1.40	\$79.25	\$723.32	\$758.83 \$1		\$1,464.54	\$2,132.31	14.0%	14.0%	14.0%	14.0%
VT-HMO-S-003-S II (2022) VT-HMOH-S-004-S II (2022)	HyHMO HDHMO	Silver Silver	Standard Standard	Off Exchange Off Exchange		0.724 0.708	1.044 1.035	\$613.84 \$595.59	\$12.88 \$12.53	\$47.10 \$47.10	\$2.24 \$2.18	\$1.98 \$1.98	\$0.00 \$0.00	\$0.00 \$0.00	\$678.04 \$659.38	\$711.33 \$1 \$691.75 \$1		\$1,372.87 \$1.335.08	\$1,998.84 \$1,943.82	20.6% 19.7%	20.6% 19.7%	20.6% 19.7%	20.6% 19.7%
VT-HMOH-S-002-N II (2022)	HDHMO	Silver		Off Exchange	Non-Subsidized	0.710	1.036	\$597.95	\$12.60	\$47.10	\$2.19	\$1.98	\$1.40	\$0.00	\$663.23	\$695.79 \$1		\$1.342.87	\$1,955.17	18.9%	18.9%	18.9%	18.9%
VT-HMO-S-001-N II (2022)	НуНМО	Silver		Off Exchange		0.692	1.028	\$577.45	\$12.20	\$47.10	\$2.12	\$1.98	\$1.40	\$0.00	\$642.26	\$673.79 \$1		\$1,300.41	\$1,893.35	17.4%	17.4%	17.4%	17.4%
FRVT-HMO-B-002-S (2022)	HMO	Bronze	Standard	On Exchange		0.622	1.007	\$508.54	\$10.84	\$47.10	\$1.88	\$1.98	\$0.00	\$0.00	\$570.34	\$598.34 \$1		\$1,154.80	\$1,681.34	20.3%	20.3%	20.3%	20.3%
FRVT-HMOH-B-003-S (2022)	HDHMO HMO	Bronze Bronze	Standard Standard	On Exchange On Exchange		0.626 0.645	1.009 1.015	\$512.48 \$531.18	\$10.91 \$11.28	\$47.10 \$47.10	\$1.90 \$1.96	\$1.98 \$1.98	\$0.00 \$0.00	\$0.00 \$0.00	\$574.37 \$593.50	\$602.57 \$1 \$622.64 \$1		\$1,162.96 \$1,201.70	\$1,693.22 \$1,749.62	19.8% 19.4%	19.8% 19.4%	19.8% 19.4%	19.8% 19.4%
FRVT-HMO-B-004-S (2022) FRVT-HMO-B-005-N (2022)	HMO	Bronze	Non-Standard			0.632	1.015	\$531.18 \$518.77	\$11.28 \$11.06	\$47.10 \$47.10	\$1.92	\$1.98	\$1.40	\$0.00	\$593.50 \$582.24	\$610.83 \$1		\$1,201.70	\$1,749.62	20.1%	20.1%	20.1%	20.1%
FRVT-HMO-B-001-N (2022)	HMO	Bronze		On Exchange		0.616	1.005	\$502.92	\$10.75	\$47.10	\$1.87	\$1.98	\$1.40	\$0.00	\$566.03	\$593.82 \$1		\$1,146.07	\$1,668.63	20.9%	20.9%	20.9%	20.9%
FRVT-HMO-C-001-N (2022)	HMO	Catastrophic	Standard	On Exchange		0.609	0.606	\$299.86	\$6.78	\$47.10	\$1.18	\$1.98	\$0.00	\$0.00	\$356.91		\$748.86	\$722.65	\$1,052.15	10.4%	10.4%	10.4%	10.4%
FRVT-HMO-S3-001-S (2022)	НуНМО	Silver	Standard		Subsidized (73%)	0.724	1.044	\$613.84	\$14.42	\$47.10	\$2.51	\$1.98	\$0.00	\$79.25	\$759.11	\$796.37 \$1		\$1,536.99	\$2,237.80	16.9%	16.9%	16.9%	16.9%
FRVT-HMO-S3-002-S (2022) FRVT-HMO-S3-003-S (2022)	HyHMO HyHMO	Silver Silver	Standard Standard		Subsidized (87%) Subsidized (94%)	0.724 0.724	1.044 1.044	\$613.84 \$613.84	\$14.42 \$14.42	\$47.10 \$47.10	\$2.51 \$2.51	\$1.98 \$1.98	\$0.00 \$0.00	\$79.25 \$79.25	\$759.11 \$759.11	\$796.37 \$1 \$796.37 \$1		\$1,536.99 \$1,536.99	\$2,237.80 \$2,237.80	16.9% 16.9%	16.9% 16.9%	16.9% 16.9%	16.9% 16.9%
FRVT-HMO-S3-003-S (2022)	HyHMO	Silver	Standard		Subsidized (94%) Subsidized (77%)	0.724	1.044	\$613.84	\$14.42	\$47.10	\$2.51	\$1.98	\$0.00	\$79.25	\$759.11	\$796.37 \$1		\$1,536.99	\$2,237.80	16.9%	16.9%	16.9%	16.9%
FRVT-HMOH-S4-001-S (2022)	HDHMO	Silver	Standard		Subsidized (73%)	0.708	1.035	\$595.71	\$14.07	\$47.10	\$2.44	\$1.98	\$0.00	\$79.25	\$740.56	\$776.92 \$1		\$1,499.46	\$2,183.15	16.1%	16.1%	16.1%	16.1%
FRVT-HMOH-S4-002-S (2022)	HMO	Silver	Standard		Subsidized (87%)	0.708	1.035	\$595.71	\$14.07	\$47.10	\$2.44	\$1.98	\$0.00	\$79.25	\$740.56	\$776.92 \$1		\$1,499.46	\$2,183.15	16.1%	16.1%	16.1%	16.1%
FRVT-HMOH-S4-003-S (2022)	HMO	Silver	Standard		Subsidized (94%)	0.708	1.035	\$595.71	\$14.07	\$47.10	\$2.44	\$1.98	\$0.00	\$79.25	\$740.56	\$776.92 \$1		\$1,499.46	\$2,183.15	16.1%	16.1%	16.1%	16.1%
FRVT-HMOH-S4-004-S (2022) FRVT-HMOH-S2-001-N (2022)	HDHMO HDHMO	Silver	Standard Non-Standard		Subsidized (77%) Subsidized (73%)	0.708	1.035	\$595.71 \$598.78	\$14.07 \$14.16	\$47.10 \$47.10	\$2.44 \$2.46	\$1.98 \$1.98	\$0.00 \$1.40	\$79.25 \$79.25	\$740.56 \$745.14	\$776.92 \$1 \$781.72 \$1		\$1,499.46 \$1.508.72	\$2,183.15 \$2,196.63	16.1% 15.2%	16.1% 15.2%	16.1% 15.2%	16.1% 15.2%
FRVT-HMOH-S2-002-N (2022)	HMO	Silver			Subsidized (87%)	0.711	1.037	\$598.78	\$14.16	\$47.10	\$2.46	\$1.98	\$1.40	\$79.25	\$745.14	\$781.72 \$1		\$1,508.72	\$2,196.63	15.2%	15.2%	15.2%	15.2%
FRVT-HMOH-S2-003-N (2022)	HMO	Silver			Subsidized (94%)	0.711	1.037	\$598.78	\$14.16	\$47.10	\$2.46	\$1.98	\$1.40	\$79.25	\$745.14	\$781.72 \$1		\$1,508.72	\$2,196.63	15.2%	15.2%	15.2%	15.2%
FRVT-HMOH-S2-004-N (2022)	HMO	Silver			Subsidized (77%)	0.711	1.037	\$598.78	\$14.16	\$47.10	\$2.46	\$1.98	\$1.40	\$79.25	\$745.14	\$781.72 \$1		\$1,508.72	\$2,196.63	15.2%	15.2%	15.2%	15.2%
FRVT-HMO-S1-001-N (2022) FRVT-HMO-S1-002-N (2022)	HyHMO HvHMO	Silver Silver			Subsidized (73%) Subsidized (87%)	0.692 0.692	1.028 1.028	\$577.45 \$577.45	\$13.74 \$13.74	\$47.10 \$47.10	\$2.39 \$2.39	\$1.98 \$1.98	\$1.40 \$1.40	\$79.25 \$79.25	\$723.32 \$723.32	\$758.83 \$1 \$758.83 \$1		\$1,464.54 \$1,464.54	\$2,132.31 \$2,132.31	14.0% 14.0%	14.0% 14.0%	14.0% 14.0%	14.0% 14.0%
FRVT-HMO-S1-002-N (2022)	HVHMO	Silver			Subsidized (67%) Subsidized (94%)	0.692	1.028	\$577.45 \$577.45	\$13.74 \$13.74	\$47.10	\$2.39	\$1.98	\$1.40	\$79.25	\$723.32	\$758.83 \$1		\$1,464.54	\$2,132.31	14.0%	14.0%	14.0%	14.0%
FRVT-HMO-S1-004-N (2022)	HyHMO	Silver			Subsidized (77%)	0.692	1.028	\$577.45	\$13.74	\$47.10	\$2.39	\$1.98	\$1.40	\$79.25	\$723.32	\$758.83 \$1		\$1,464.54	\$2,132.31	14.0%	14.0%	14.0%	14.0%
FRVT-HMO-PA2-001-S (2022)	НуНМО	Platinum	Standard	On Exchange	AI/AN	0.897	1.150	\$837.97	\$17.24	\$47.10	\$2.99	\$1.98	\$0.00	\$0.00	\$907.29	\$951.83 \$1		\$1,837.03	\$2,674.64	19.2%	19.2%	19.2%	19.2%
FRVT-HMO-GA2-001-S (2022)	НуНМО	Gold		On Exchange	AI/AN	0.780	1.074	\$680.00	\$14.17	\$47.10	\$2.46	\$1.98	\$0.00	\$0.00	\$745.71	\$782.32 \$1		\$1,509.88	\$2,198.32	16.1%	16.1%	16.1%	16.1%
FRVT-HMO-GA2-002-N (2022) FRVT-HMOH-GA2-003-N (2022)	HyHMO HDHMO	Gold Gold		On Exchange On Exchange	AI/AN AI/AN	0.809 0.794	1.090 1.080	\$716.40 \$696.48	\$14.90 \$14.52	\$47.10 \$47.10	\$2.59 \$2.52	\$1.98 \$1.98	\$1.40 \$1.40	\$0.00 \$0.00	\$784.38 \$764.00	\$822.89 \$1 \$801.51 \$1		\$1,588.18 \$1,546.91	\$2,312.32 \$2,252.24	17.7% 17.4%	17.7% 17.4%	17.7% 17.4%	17.7% 17.4%
FRVT-HMO-SA2-003-N (2022)	HVHMO	Silver	Standard	On Exchange	Al/AN	0.724	1.044	\$613.84	\$14.42	\$47.10	\$2.51	\$1.98	\$0.00	\$79.25	\$759.11		.592.74	\$1,536.99	\$2,232.24	16.9%	16.9%	16.9%	16.9%
FRVT-HMOH-SA2-004-S (2022)		Silver	Standard	On Exchange	AI/AN	0.708	1.035	\$595.71	\$14.07	\$47.10	\$2.44	\$1.98	\$0.00	\$79.25	\$740.56	\$776.92 \$1		\$1,499.46	\$2,183.15	16.1%	16.1%	16.1%	16.1%
FRVT-HMOH-SA2-002-N (2022)		Silver		On Exchange	AI/AN	0.711	1.037	\$598.78	\$14.16	\$47.10	\$2.46	\$1.98	\$1.40	\$79.25	\$745.14	\$781.72 \$1		\$1,508.72	\$2,196.63	15.2%	15.2%	15.2%	15.2%
FRVT-HMO-SA2-001-N (2022)	НуНМО	Silver		On Exchange	AI/AN	0.692	1.028	\$577.45	\$13.74	\$47.10	\$2.39	\$1.98	\$1.40	\$79.25	\$723.32	\$758.83 \$1		\$1,464.54	\$2,132.31	14.0%	14.0%	14.0%	14.0%
FRVT-HMO-BA2-002-S (2022) FRVT-HMOH-BA2-003-S (2022)	HyHMO HDHMO	Bronze Bronze	Standard Standard	On Exchange On Exchange	AI/AN AI/AN	0.622 0.626	1.007 1.009	\$508.54 \$512.48	\$10.84 \$10.91	\$47.10 \$47.10	\$1.88 \$1.90	\$1.98 \$1.98	\$0.00 \$0.00	\$0.00 \$0.00	\$570.34 \$574.37	\$598.34 \$1 \$602.57 \$1		\$1,154.80 \$1,162.96	\$1,681.34 \$1.693.22	20.3% 19.8%	20.3% 19.8%	20.3% 19.8%	20.3% 19.8%
FRVT-HMO-BA2-004-S (2022)	HyHMO	Bronze	Standard	On Exchange	AI/AN	0.645	1.015	\$531.18	\$11.28	\$47.10	\$1.96	\$1.98	\$0.00	\$0.00	\$593.50	\$622.64 \$1		\$1,201.70	\$1,749.62	19.4%	19.4%	19.4%	19.4%
FRVT-HMO-BA2-005-N (2022)	НуНМО	Bronze		On Exchange	AI/AN	0.632	1.011	\$518.77	\$11.06	\$47.10	\$1.92	\$1.98	\$1.40	\$0.00	\$582.24	\$610.83 \$1		\$1,178.90	\$1,716.43	20.1%	20.1%	20.1%	20.1%
FRVT-HMO-BA2-001-N (2022)	HyHMO	Bronze		On Exchange	AI/AN	0.616	1.005	\$502.92	\$10.75	\$47.10	\$1.87	\$1.98	\$1.40	\$0.00	\$566.03	\$593.82 \$1		\$1,146.07	\$1,668.63	20.9%	20.9%	20.9%	20.9%
FRVT-HMO-PA1-001-S (2022)	HyHMO	Platinum	Standard	On Exchange	AI/AN	0.897	1.150	\$837.97	\$17.24	\$47.10	\$2.99	\$1.98	\$0.00	\$0.00	\$907.29	\$951.83 \$1		\$1,837.03	\$2,674.64	19.2%	19.2%	19.2%	19.2%
FRVT-HMO-GA1-001-S (2022) FRVT-HMO-GA1-002-N (2022)	HyHMO HvHMO	Gold Gold	Standard Non-Standard	On Exchange On Exchange	AI/AN AI/AN	0.780 0.809	1.074 1.090	\$680.00 \$716.40	\$14.17 \$14.90	\$47.10 \$47.10	\$2.46 \$2.59	\$1.98 \$1.98	\$0.00 \$1.40	\$0.00 \$0.00	\$745.71 \$784.38	\$782.32 \$1 \$822.89 \$1		\$1,509.88 \$1,588.18	\$2,198.32 \$2,312.32	16.1% 17.7%	16.1% 17.7%	16.1% 17.7%	16.1% 17.7%
FRVT-HMOH-GA1-002-N (2022)		Gold		On Exchange	AI/AN	0.794	1.080	\$696.48	\$14.52	\$47.10	\$2.59	\$1.98	\$1.40	\$0.00	\$764.00	\$801.51 \$1		\$1,546.91	\$2,312.32	17.7%	17.7%	17.7%	17.7%
FRVT-HMO-SA1-003-S (2022)	НуНМО	Silver	Standard	On Exchange	Al/AN	0.724	1.044	\$613.84	\$14.42	\$47.10	\$2.51	\$1.98	\$0.00	\$79.25	\$759.11	\$796.37 \$1		\$1,536.99	\$2,237.80	16.9%	16.9%	16.9%	16.9%
FRVT-HMOH-SA1-004-S (2022)		Silver	Standard	On Exchange	AI/AN	0.708	1.035	\$595.71	\$14.07	\$47.10	\$2.44	\$1.98	\$0.00	\$79.25	\$740.56	\$776.92 \$1		\$1,499.46	\$2,183.15	16.1%	16.1%	16.1%	16.1%
FRVT-HMOH-SA1-002-N (2022)		Silver		On Exchange	AI/AN	0.711	1.037	\$598.78	\$14.16	\$47.10	\$2.46	\$1.98	\$1.40	\$79.25	\$745.14	\$781.72 \$1		\$1,508.72	\$2,196.63	15.2%	15.2%	15.2%	15.2%
FRVT-HMO-SA1-001-N (2022) FRVT-HMO-BA1-002-S (2022)	HyHMO HvHMO	Silver Bronze	Non-Standard Standard	On Exchange On Exchange	AI/AN AI/AN	0.692 0.622	1.028 1.007	\$577.45 \$508.54	\$13.74 \$10.84	\$47.10 \$47.10	\$2.39 \$1.88	\$1.98 \$1.98	\$1.40 \$0.00	\$79.25 \$0.00	\$723.32 \$570.34	\$758.83 \$1 \$598.34 \$1	,517.66	\$1,464.54 \$1,154.80	\$2,132.31 \$1,681.34	14.0% 20.3%	14.0% 20.3%	14.0% 20.3%	14.0% 20.3%
FRVT-HMOH-BA1-002-S (2022)		Bronze	Standard	On Exchange	Al/AN	0.622	1.007	\$512.48	\$10.91	\$47.10	\$1.90	\$1.98	\$0.00	\$0.00	\$570.34	\$602.57 \$1		\$1,162.96	\$1,693.22	19.8%	19.8%	19.8%	19.8%
FRVT-HMO-BA1-004-S (2022)	HyHMO	Bronze	Standard	On Exchange	AI/AN	0.645	1.015	\$531.18	\$11.28	\$47.10	\$1.96	\$1.98	\$0.00	\$0.00	\$593.50	\$622.64 \$1		\$1,201.70	\$1,749.62	19.4%	19.4%	19.4%	19.4%
FRVT-HMO-BA1-005-N (2022)	НуНМО	Bronze		On Exchange	AI/AN	0.632	1.011	\$518.77	\$11.06	\$47.10	\$1.92	\$1.98	\$1.40	\$0.00	\$582.24	\$610.83 \$1		\$1,178.90	\$1,716.43	20.1%	20.1%	20.1%	20.1%
FRVT-HMO-BA1-001-N (2022)	НуНМО	Bronze	Non-Standard	On Exchange	AI/AN	0.616	1.005	\$502.92	\$10.75	\$47.10	\$1.87	\$1.98	\$1.40	\$0.00	\$566.03	\$593.82 \$1	,187.64	\$1,146.07	\$1,668.63	20.9%	20.9%	20.9%	20.9%

^{*}The Induced Utilization Factor for the Catastrophic Plan includes an additional adjustment to reflect the population eligible to purchase the coplan. Support for this factor can be found in the Actuarial Memorandum.

**Reflects cost of Member Wellness Incentive Rider and \$500 acupuncture allowance

***Child Only Rate = Single Rate per Child



March 8, 2021

Mr. Dana Houlihan Director, Plan Management & Enrollment Policy VT Health Connect Department of Vermont Health Access Via Email Only

RE: STATE OF VERMONT ACTUARIAL VALUE CERTIFICATION FOR 2022 STANDARD PLAN DESIGNS

Dear Dana:

The Affordable Care Act (ACA) requires that health care coverage provided by issuers to non-grandfathered individual and small groups must cover all Essential Health Benefits (EHBs) and have plan designs that have Actuarial Values (AVs) that fall under the Platinum (90% AV), Gold (80% AV), Silver (70% AV), or Bronze (60% AV) tiers.

The State of Vermont (State) is standardizing several plan designs that all issuers offering plans in the Exchange, Vermont Health Connect, must offer. Issuers must offer the standard plan designs in the individual and small group merged market. In 2021, one Platinum, one Gold, two Silver, and three Bronze standard plan designs were developed for Vermont Health Connect. There is a traditional deductible plan at each of the Platinum, Gold, and Silver metal levels, with two at the Bronze level, and a High Deductible Health Plan (HDHP) at each of the Silver and Bronze levels. The 2021 standard plan designs are all continuing in 2022.

For each of the Silver standard plan designs, the cost sharing reduction plan designs are also standard. Cost sharing reduction (CSR) plan designs were developed at each of the 73% (Federal), 77% (Vermont specific), 87% (Federal), and 94% (Federal) AV levels.

The State contracted with Wakely Consulting Group, LLC (Wakely) to assist in the development of the 2022 standard plan designs and to provide an actuarial certification of the actuarial values of the state's standard plan designs that do not fit within the parameters of the Federal calculator and require adjustment. This memo documents the approved 2022 standard plan designs as well as the process for developing the corresponding actuarial values. The actuarial certification is provided in Appendix A. The 2022 Notice of Benefit and Payment Parameters (NBPP) and Federal Actuarial Value Calculator (AVC) Model are still in draft form. Should there be changes between the draft and final versions, the plan designs reflected here may require changes.

A list of the changes from the 2021 standard plan designs is in Appendix B. At a high level the changes for each base standard plan are:



- Platinum The medical deductible was increased.
- Gold The medical deductible, pharmacy deductible, and medical Maximum Out of Pocket (MOOP) were all increased.
- Silver Deductible The medical deductible, pharmacy deductible, and combined medical/pharmacy MOOP were increased.
- Bronze Deductible with Pharmacy Limit The medical deductible, pharmacy deductible, and combined medical/pharmacy MOOP were all increased.
- Bronze Deductible without Pharmacy Limit The medical deductible and combined medical/pharmacy MOOP were increased.
- Silver HDHP The medical deductible and the embedded individual combined medical/pharmacy MOOP were increased.
- Bronze HDHP The medical deductible, combined medical/pharmacy MOOP, and the embedded individual combined medical/pharmacy MOOP were all increased.

In addition to the standard plans, starting in 2016 the State of Vermont requests that issuers offer a Gold plan where the deductible and MOOP are set at the same amount. This means that once the deductible is met, the plan pays 100% of all services. Unlike the standard plans, it is not required that issuers offer this plan, but it is highly recommended. The issuer may determine the amount at which to set the deductible and MOOP, as long as they are equal and the resulting plan falls in the Gold tier. Since the amounts are to be determined by the issuers, these plans are not included within this memo.

Regulatory Background

The ACA allows for a -4% to +2% de minimis range around the target AVs for each metal level. For example, any plan design that has an AV from 66% to 72% is considered a Silver plan. Bronze plan designs meeting certain criteria are eligible for an expanded range of +5% on the higher end, allowing an AV up to 65% compared to a high end at 62%. Applicable plans include High Deductible Health Plans and plans that cover at least one major service, other than preventive, prior to the deductible. Of the Vermont standard plan designs, all three Bronze plans qualify for the expanded range.



The Center for Consumer Information and Insurance Oversight (CCIIO) has released the draft 2022 Actuarial Value Calculator (AVC)¹ that issuers must use to determine the AV of a plan. The final AVC has not yet been released. The 2022 plan designs presented in this report are compliant with the draft 2022 AVC. However, should there be changes between the draft and final versions, changes may be required in order to be in compliance with the de minimis AV range. Changes to the plan designs will be dependent on the magnitude and direction of changes between the draft and final versions of the AVC.

While CCIIO anticipates that most plans will be able to use the AVC without modification, some plan designs have features which are not supported by the AVC. In these instances, an actuary can either modify the inputs to most closely represent the plan design or an actuary can modify the results of the AVC to account for the features not supported by the AVC. An actuarial certification documenting the development of the AV for these designs is required.

The federal HDHP minimum deductible and MOOP limits are not yet released for 2022. The 2021 minimum deductible and MOOP were \$1,400 and \$7,000, respectively. Historically, the deductible has increased \$50 every two to three years and the MOOP increases around \$100 a year, on average. Should the federal HDHP minimum deductible for 2022 increase from \$1,400, both the Silver and Bronze HDHPs and associated CSR plan designs will require changes to meet this requirement. Additionally, if the MOOP limit is finalized below \$7,100, the Bronze HDHP will require changes in order to meet this requirement.

Additionally, the 2022 Notice of Benefits and Payment Parameters (NBPP)² is still in draft form. Based on the draft regulations, the single annual limit, or MOOP, is expected to be \$9,100, up from \$8,550 in 2021. Should the single annual limit not be finalized as proposed and the regulations finalize a limit below \$9,100, both the Silver and Bronze HDHPs shown in this report will require changes in order to meet this requirement. Additionally, if the final limit is finalized below \$8,700 both Bronze Deductible Plans (with and without drug limit) will also require changes in order to meet this requirement.

CSR Loading

As of 2020, Act No. 88 (Bill S.19) requires the premiums of the Silver on-Exchange plans to reflect the cost of funding for CSR subsidies, following the announcement that federal funding would cease. This resulted in a "CSR load" to these plans such that the Silver premiums are higher than

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¹ http://www.cms.gov/CCIIO/Resources/Regulations-and-guidance/index.html

https://www.federalregister.gov/documents/2020/12/04/2020-26534/patient-protection-and-affordable-care-act-hhs-notice-of-benefit-and-payment-parameters-for-2022-and



they would have been without the CSR load. For individuals who are not eligible for premium subsidies (and are therefore not protected from the CSR load), issuers offer "reflective" off-Exchange Silver plans whose premiums have not been increased for the CSR load and have only a minor difference in plan design compared to their on-Exchange counterparts. These plans will continue in 2022.

The off-Exchange "reflective" plans will have a \$5 copay or 5% coinsurance increase on ambulance services compared to the on-Exchange plans. These differentials apply to both standard and non-standard Silver plans. A comparison of the standard Silver on and off-Exchange plan designs are shown in Appendix C. As ambulance services are not explicitly included in the AVC and the differences in cost sharing are minimal, there is no difference in the calculation of the federal AV for these plans. Unless otherwise noted, in the Appendices the cost sharing for ambulance services represents the on-Exchange plan design.

In the event there is a Silver plan approved with 100% coinsurance, the off-Exchange "reflective" plan will have a \$25 deductible and MOOP increase compared to the on-Exchange plan. Unlike the ambulance cost sharing above, this difference will impact the AV. The issuer submitting such a plan will need to ensure that both the on and off-Exchange plan designs fit within the AV requirements. Since this is for non-standard plans only, these plans are not included within this memo.

Chiropractic and Physical Therapy Copays

Act No. 7³ requires that the copay for chiropractic and physical therapy services for Silver and Bronze metal level plans be between 125%-150% of the copay applicable to services provided by a primary care provider (PCP). For 2021, S.202⁴ was introduced which would require the copay for chiropractic services for Silver and Bronze metal level plans to be less than or equal to 125% of the PCP copay, though this bill did not pass. The 2021 plan designs were updated assuming that S.202 was passed as introduced and set the chiropractic and physical therapy copays equal to 125% of the PCP copay, rounded down to the nearest \$5 increment. Though the bill did not pass, no change to the chiropractic and physical therapy copays is included in the 2022 standard plan designs and remain aligned with the requirements and the 2021 plan designs.

https://legislature.vermont.gov/Documents/2018.1/Docs/ACTS/ACT007/ACT007%20As%20Enacted.pdf

⁴ https://legislature.vermont.gov/bill/status/2020/S.202



Limiting Out-of-Pocket Expenses for Insulin

Bill S.296⁵, an act relating to limiting out-of-pocket expenses for prescription insulin drugs, was introduced and passed by the senate in 2020, although it has not been formally signed into law. This act limits a member's total out-of-pocket responsibility to \$100 per 30-day supply for insulin prescriptions, regardless of the amount, type, or number of insulin medications prescribed for the beneficiary. This change cannot be accommodated by the Federal AVC as it does not allow for separate cost sharing inputs for insulin drugs. These prescriptions would be included with non-insulin prescriptions in the data underlying the AVC. Therefore, we reviewed utilization, costs, and member cost sharing for insulin prescriptions for issuers in Vermont Health Connect to determine the impact of this limit. As this limitation has not been signed into law as of the date of this report, we have not adjusted the AVs reflected here for this change. However, we did confirm that all plan designs will continue to be within the required de minimis range should this requirement go into effect for 2022. Additional information on the methodology used to determine the impact on AV is included in the Methodology section below.

Actuarial Value Considerations

A summary of Vermont's standard plan designs is in Appendix E. Five of the standard plan designs (and the cost sharing reduction plan designs) have features not supported by the AVC and thus an actuarial certification is required. The remaining standard plan designs have features that may warrant an AV adjustment but no explicit adjustment or actuarial certification has been done for these plans. In developing these standard plan designs and the resulting actuarial certification, Wakely also followed applicable Actuarial Standards of Practice (ASOP) as detailed in Appendix D and including:

- ASOP No. 23 Data Quality;
- ASOP No. 25 Credibility Procedures;
- ASOP No. 41 Actuarial Communications;
- ASOP No. 50 Determining Minimum Value and Actuarial Value under the Affordable Care Act; and
- ASOP No. 56 Modeling.

Both Silver plans and all three Bronze plans have design features that are both significant and not supported by the AVC. The Silver cost sharing reduction plan designs have similar features.

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⁵ https://legislature.vermont.gov/bill/status/2020/S.296



While most plans have some subtleties in their design that are not supported by the AVC, CCIIO has stated and regulations dictate that modifications should be made only for substantial differences. The four potential substantial differences that Wakely considered include:

- Family deductible and MOOPs. There are two common types of applications for deductibles and MOOPs, commonly referred to in Vermont as stacked and aggregate⁶. The data supporting the AVC is only at the member level, and thus most closely resembles the stacked application of deductibles and MOOPs although the family stacked AV will be higher in most instances. Most HDHP plans use the aggregate application of deductible and MOOPs which can significantly lower the AV since a family of two would need to accumulate to a deductible that is twice that of a single contract. Note that if the family MOOP is more than the proposed single limit of \$9,100, the MOOP must either be stacked or there must be an embedded individual MOOP of \$9,100. Wakely developed a model to account for aggregate family deductibles and has modified this model to account for stacked and embedded MOOPs for HDHPs. Thus, a specific adjustment has been made to the appropriate AVs for HDHPs.
- Vermont implemented a statute (H.559 Sec. 32. 8 V.S.A. § 4089) for prescription drug deductibles and MOOPs. The requirement mandates, in part, that the MOOP for prescription drug costs in any plan design shall not exceed the minimum deductible amount for HDHPs per Section 223(c)(2)(A)(i) of the Internal Revenue Code of 1986 (\$1,400 and \$2,800 for individual and family coverage in 2021, 2022 amounts are not yet known). The requirement also states that for HDHPs the cost sharing benefit for prescription drugs must start after the minimum deductible amount for HDHPs (same \$1,400 and \$2,800 for individual and family coverage in 2021) is met, but the amount may be met with either medical or prescription drug claims. This means that for all HDHPs, for purposes of prescription drug coverage, the deductible is considered met when accumulated medical and drug claims reach \$1,400 for individual or \$2,800 for family, regardless of what the medical deductible amount is. Similarly, the MOOP for only drug claims (including amounts used to accumulate to the deductible) is \$1,400 or \$2,800,

Aggregate deductible and MOOPs are typical in HDHPs where all claims for all members of a non-single contract accumulate to the family deductible and MOOP. For two person or family contracts where only one member has significant claims, the member still must reach the higher deductible and MOOP amounts which makes the average member liability higher under an aggregate deductible.

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⁶ Stacked deductibles and MOOPs are typical in traditional deductible plans where the individual deductible and MOOP apply to each member of a contract and the family deductible and MOOP is used as a protection for contracts where multiple members have claims. For example, if the family MOOP is two times the individual MOOP but three members of a contract all would have reached their individual MOOP, it limits the family's liability to two times the individual MOOP.



regardless of the amount of the overall MOOP which will include both drug and medical claims.

Since for an integrated deductible and MOOP, only one amount is able to be input in the AVC, the value of the lower drug deductible and MOOP cannot be modeled in the AVC. This statute has a significant impact on AV, particularly at the lower AV tiers where the difference between the medical and prescription drug deductible and MOOP is greater. Wakely has developed a model to account for Vermont's prescription drug regulation and thus, where appropriate, a specific adjustment has been made to the AVs using this model.

• In the current market, most Vermont HDHPs waive the deductible for preventive prescription drugs. This is another plan feature not currently supported by the AVC. Wakely has not analyzed the exact portion of drugs this represents and this may vary by issuer. The impact to AV would only apply to drug costs that would normally be incurred prior to the member reaching the deductible. Any costs after the deductible is met and after the MOOP is met would be similar to the AVC. It is possible that this design feature could have a significant impact on the AV. Based on some high level estimates, Wakely believes the impact to AV for this design feature is likely around 0.5%. Since Wakely did not quantify the exact adjustment of the preventive drug difference for HDHPs, Wakely did not make a specific adjustment but did make sure that any AVs developed for HDHPs were at least 0.5% below the high end of the de minimis range in order to account for this increased benefit. It is expected that the impact for these drugs would be highest for the Bronze plan where the deductible is highest and the impact would decrease as deductibles decrease (and AVs increase).

Given the issuers now have credible data on the portion of claims that are preventive prescription drugs, we requested that they review the appropriateness of this adjustment for the 2022 plan designs. Both issuers indicated that 0.5% was adequate and appropriate. Wakely is relying on the issuer's assessment and continues to make sure that any AVs developed for HDHPs are at least 0.5% below the high end of the de minimis range in order to account for this increased benefit.

• Bill S.296, an act relating to limiting out-of-pocket expenses for prescription insulin drugs, was introduced and passed by the senate in 2020, although it has not been formally signed into law. This act limits a member's total out-of-pocket responsibility to \$100 per 30-day supply for insulin prescriptions, regardless of the amount, type, or number of insulin medications prescribed for the beneficiary. This change cannot be accommodated by the Federal AVC as it does not allow for separate cost sharing inputs for insulin drugs. These prescriptions would be included with non-insulin prescriptions in the data underlying the AVC. Therefore, we reviewed utilization, costs, and member cost sharing for insulin prescriptions for issuers in Vermont Health Connect to determine the impact of this limit.



This review found that the impact was negligible for Platinum, Gold, and Silver plans and was worth up to 0.1% for Bronze plans.

As this limitation has not been signed into law as of the date of this report, Wakely did not make a specific adjustment but did make sure that any AVs developed for Bronze plans were at least 0.1% below the high end of the de minimis range in order to account for this increased benefit. No adjustments were made to the de minimis range for the other metal levels. Additional information on the methodology used to determine the impact on AV is included in the Methodology section below.

There are other potential design features for which adjustments could be made. However, given the expectation that adjustments be made for only the most substantive deviations, Wakely does not believe additional adjustments are warranted. It is also important to note that the bucketing of claims and the methodology used to calculate the AVC are not always clearly defined. Thus, at times it is difficult to ascertain whether an adjustment is warranted and how that adjustment would be estimated.

As stated, Wakely made explicit adjustments to account for the stacked and aggregate family deductible/MOOP and Vermont's prescription drug regulation. These adjustments are described in detail in the Methodology section. For the preventive prescription drug benefits, Wakely did not make an explicit adjustment but did allow cushion in the AV such that an increase of up to 0.5% would not result in the AV falling outside of the required range. For the insulin limitations on cost sharing, Wakely did not make an explicit adjustment but did allow cushion in the Bronze AVs such that an increase of up to an additional 0.1% would not result in the AV falling outside of the required range. The table below shows the acceptable range for each standard plan design after accounting for this cushion where an explicit adjustment was not made.



Table 1: Adjusted Acceptable Federal Actuarial Values

Table 1. Aujusteu Acceptable Federal Actualiai Values								
	Plan	Adjusted Acceptable Range	Final Adjusted AV					
	Platinum	86.0%-92.0%	89.4%					
	Gold	76.0%-82.0%	81.5%					
Deductible Plans	Silver	66.0%-72.0%	71.1%					
	Bronze (with drug limit)	56.0%-64.9% ⁷	63.7%					
	Bronze (without drug limit)	56.0%-64.9%	64.3%					
HDHPs	Silver - Embedded MOOP	66.0%-71.5%	70.7%					
Hilli 3	Bronze - Embedded MOOP	56.0%-64.4%	63.2%					
Coat Charing Daduction	250-300% FPL (73% AV)	72.0%-74.0%	74.0%					
Cost Sharing Reduction Plan Designs -	200-250% FPL (77% AV)	76.0%-78.0%	78.0%					
Deductible Plans	150-200% FPL (87% AV)	86.0%-88.0%	88.0%					
Doddonbio Fiano	133-150% FPL (94% AV)	93.0%-95.0%	94.8%					
	250-300% FPL (73% AV)	72.0%-73.5%	73.4%					
Cost Sharing Reduction	200-250% FPL (77% AV)	76.0%-77.5%	77.3%					
Plan Designs - HDHPs	150-200% FPL (87% AV)	86.0%-87.5%	87.5%					
	133-150% FPL (94% AV)	93.0%-94.5%	93.7%					

The table in Appendix F shows all plan designs for which adjustments were made, the adjustments considered, the original AV from the AVC, and the final adjusted AV.

Methodology

Since several of the standard plan designs have features not supported by the AVC, Wakely developed a model to capture the impact of these features on the AV. It was anticipated that the AVC would not accommodate all of the Vermont plan design features.

If a plan has substantive differences from what the AVC allows, there are two allowed approaches defined in the federal regulations. The first allows the actuary to adjust the inputs of the plan design to "fit" it into the AVC. The second allows the actuary to put in as many of the design features as possible into the AVC and then adjust the resulting AV to account for the unique

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⁷ In 2020 and prior, the Bronze Deductible (with drug limit) plan was not eligible for the expanded de minimis range and would had an upper AV limit of 62.0%. Due to changes in the 2021 plan design (which continue for 2022), this plan now qualifies for the expanded range.



design features. Wakely determined the second approach was most appropriate for the Vermont plan design differences. Thus for the plan designs where adjustments were made, Wakely first input as much of the plan design as possible into the AVC and then modified the resulting AV to account for the unique features.

The following discusses the model that Wakely developed and the process used to adjust the actuarial values from the AVC.

Vermont-Specific Adjustment Model

Anticipating the need to quantify some of Vermont's unique plan design features, Wakely developed a model that would account for both aggregate deductibles and MOOPs as well as quantify the impact of Vermont's prescription drug regulation. This model is updated every few years to capture recent Vermont-specific data. The current model was updated for the 2020 plan designs and includes Vermont-specific ACA data incurred in 2017.

In developing the model, Wakely was provided with membership and medical and pharmacy claims data extracts from the Vermont Healthcare Claims Uniform Reporting and Evaluation System (VHCURES). Filters were then applied to the data to target the most appropriate population for the model and reduce the amount of records included. The data used included:

- Small group and individual ACA markets
- Allowed medical and prescription drug data that was incurred in 2017
- Products types HMO (non-Medicare risk), PPO, POS and EPO
- Excluded claims marked as denied, out-of-state, and duplicates

After all filters were applied, the remaining data included allowed claims and membership for approximately 825,000 member months.

The methodology developed for the model does not use the traditional approach of continuance tables. When determining the paid claims and resulting actuarial value of the plan designs where the prescription drug regulation is a factor, the order in which the claims occur is important. Continuance tables fail to recognize the impact of the order of the claims on actuarial values. Thus, the model re-prices the claims based on the inputs provided in the model rather than rely on continuance tables.

The model allows a user to enter the following:

Medical and Prescription drug deductible amounts for both individual and family contracts.
 These amounts can differ but the model assumes the amounts are always integrated, or



that both medical and drug claims will accumulate to both deductibles, even if different amounts.

- Medical and prescription drug maximum out of pocket amounts for both individual and family contracts. These amounts can differ and the model allows for different treatment of the MOOPs as noted below.
- Medical and prescription drug coinsurance amounts. If the plan design includes copays, an effective coinsurance needs to be input.
- The structure of the deductibles and MOOPs. As can be seen in the table below, the model can distinguish between aggregate and stacked deductibles and MOOPs. It also allows for different accumulations of claims to the medical and prescription drug MOOPs. There are six structural selections available in the model, described in the table below. Option 5 is most closely aligned to the federal AVC. Option 6 represents the design of the Vermont HDHPs.

Costs that Accumulate Maximum Out-of-Pocket (MOOP) Options Deductible Deductible / MOOP Type Medical Rx Medical & Rx Medical & Rx 1 Rx Only Aggregate 2 Medical & Rx Medical & Rx Rx Only Stacked 3 Medical & Rx Medical Only Rx Only Aggregate Medical & Rx 4 Medical Only Rx Only Stacked 5 Medical & Rx Medical & Rx Medical & Rx Stacked Aggregate Deductible /Aggregate MOOP with 6 Medical & Rx Medical & Rx Rx Only Embedded Ind MOOP (can also be used for Stacked MOOP)

Table 2: Model Structures

Adjusted AV Calculations

Using the federal AV calculator and the model as outlined above, the following methodology was used to develop the adjusted AV calculations for the HDHPs:

- The plan designs were entered into the AVC ignoring the separate prescription drug deductible and MOOP thresholds. The resulting AV is the unadjusted value, which does not account for the prescription drug regulations or the aggregate family deductible and MOOP levels.
- 2. The model was used to determine the revised AV.



- a. The same plan design input into the AVC was input into the model. The model only allows for coinsurance. Since the HDHP designs include copays, an effective coinsurance was developed for each plan design. The effective coinsurance amounts were developed separately for medical and prescription drug services using the allowed weights and average cost per service from the federal AVC continuance tables for the relevant metal tier.
- b. The model was normalized to the AVC for each plan design. This means the same plan design, ignoring the prescription drug thresholds and assuming a stacked family deductible and MOOP, was input into the model and the underlying data was adjusted to arrive at the same AV as the AVC. This was done to ensure the same starting AV in both models and to try to mirror the induced utilization in the AVC. The normalization factors were reviewed for reasonability and deemed reasonable given they are accounting for trend, regional differences in cost and utilization and induced utilization.
- c. The plan design in the model was adjusted to lower the prescription drug deductible and MOOP inputs (if applicable) to the appropriate plan design amounts and also to adjust the prescription drug MOOP to only consider prescription drug claims (the medical MOOP amount continues to use both medical and prescription drug claims). The application of deductible and MOOP was also changed to use an aggregate family deductible and family MOOP with an embedded individual MOOP equal to \$9,100.
- 3. The resulting AV from the model is used as the final AV for tier placement.

The model was intended only for HDHPs where medical and drug claims both accumulate to the deductible. The Bronze plan with the pharmacy limit⁸ and Silver deductible plans (and associated CSR plans) need to be adjusted to account for the lower prescription drug MOOP, but the deductible plan has separate medical and drug deductibles. Thus, the model was used but with a slight variation in methodology. The following highlight the differences in methodology used only for the Bronze and Silver Deductible plans.

1. Same as for HDHPs, as much of the plan design as possible was entered into the AVC. This is the unadjusted AV. The Bronze and Silver Deductible plans then need to be adjusted for the lower and separate prescription drug MOOP.

⁸ Only the Bronze plan with the pharmacy limit needs to be adjusted. The Bronze plan without the pharmacy limit is not subject to the lower prescription drug MOOP and as such does not require an explicit adjustment to the AVC results.



- The model was used to develop the AV adjustments in a slightly different process than for the HDHPs.
 - a. Instead of normalizing the model to the AVC, the normalization factor for the Bronze or Silver HDHP was used.
 - b. The model cannot accommodate plan designs where both medical and drug claims do not accumulate to the deductible. Thus, the same plan design was entered into the model as in the AVC but the model selection indicated that both medical and drug claims accumulated to the deductible amounts.
 - c. The model was then re-run with the lower drug MOOP and to adjust the prescription drug MOOP to only consider prescription drug claims (the medical MOOP amount continues to use both medical and prescription drug claims). The model continued to use a stacked application for deductible and MOOP since it is a traditional deductible plan.
- 3. The final AV is the ratio of the AV from 2c and 2b applied to the AV from the AVC in 1.

Appendix G includes screen shots from the AVC and the model for each plan design with an adjusted actuarial value. Also included is a summary of the AVs and in the instance of the Bronze and Silver Deductible plans, a calculation of the adjustment.

Insulin Out-of-Pocket Limit

As mentioned above, a bill has been introduced that would limit a member's total out-of-pocket responsibility to \$100 per 30-day supply for insulin prescriptions. As this requirement has not been signed into law as of the date of this report, the AVs reflected here have not been adjusted for this requirement. However, we did review the impact of the requirement and determined that all plan designs presented here would continue to meet the de minimis requirements.

Since insulin drugs only represent a portion of the claims in a given drug tier and only one input can be made in the AVC for each drug tier, the value of the cost sharing limit cannot be modeled in the AVC. This statute has a larger impact on AV at the lower AV tiers where the drug deductibles are higher. The estimated impact by metal tier is shown in the table below.

Table 3: Estimated Impact of Insulin Out-of-Pocket Limit

Metal	Increase to AV		
Bronze	0.1%		
Silver	0.0%		
Gold	0.0%		
Platinum	0.0%		



The following methodology was used to develop the impacts:

- Both carriers, BCBS VT and MVP, provided claim level data for insulin prescriptions based on their individual and small group experience in Vermont in 2019 and 2020. The data included metal tier, allowed and paid costs, days' supply, and member cost sharing.
 - Each carrier also provided high level market information for 2019 and 2020, including metal tier, member months, and total allowed and paid costs for medical and pharmacy.
- Based on the claim level data, the cost share and paid claim amounts were recalculated, assuming a limit of \$100 per prescription for a 30 day supply. The difference between the actual cost sharing in the experience data and the new cost sharing incorporating the limit was added to the paid claim costs.
- 3. Two AVs were calculated. The first based on the unadjusted high level allowed and paid costs. This was done in total including both medical and pharmacy claims. The second, adjusted AV, added the additional paid costs from step 2 to the high level total paid claim amounts. The difference in AV between these two is the increase to AV. This was done separately for each metal level.

Based on this analysis, the impact on all metal levels except Bronze is negligible. For the Bronze plans, all plan designs presented here are more than 0.1% below the high end of the de minimis range, therefore, will continue to be within the range should this requirement be signed into law.

HDHPs - Contingent Alternative Plans

As noted throughout this report, the federal HDHP minimum deductible and MOOP limits are not yet released for 2022. The 2021 minimum deductible and MOOP were \$1,400 and \$7,000, respectively. Historically, the deductible has increased \$50 every two to three years and the MOOP increases around \$100 a year, on average. The deductible last increased for plan year 2020 and may or may not increase for 2022. Therefore, we are also providing the plan designs and adjusted actuarial values for the Silver HDHP (and associated CSR plans) and Bronze HDHP with the pharmacy deductible and pharmacy OOPM at \$1,450, rather than \$1,400. In addition, we are also providing the plan design and adjusted AV for the Bronze HDHP with the combined medical and pharmacy MOOP at \$7,050, should the MOOP limit come in below the \$7,100 assumed in the approved plan design.

Appendix H includes a summary of the plan designs for the HDHPs that will be updated if the minimum deductible increases to \$1,450 as well as screen shots from the AVC and the model for each plan design with an adjusted actuarial value.



These plan designs will only be implemented if the federal HDHP minimum deductible increases to \$1,450. Should the minimum deductible be finalized at a value other than \$1,400 or \$1,450, these plan designs will need to be re-visited. In addition, these plan designs do not contemplate changes to the MOOP limits or differences between the draft and final 2022 NBPP or AVC. Any other changes will need to be evaluated and the plan designs may require changes to meet the final requirements.

Appendix I includes a summary of the plan design for the Bronze HDHP that will be updated if the MOOP is finalized at \$7,050 and the minimum deductible does not change from \$1,400, as well as screen shots from the AVC and the model with an adjusted actuarial value.

This plan design will only be implemented if the federal HDHP MOOP increases to \$7,050 rather than \$7,100. Should the MOOP be finalized at a value other than \$7,050 or \$7,100, this plan design will need to be re-visited. In addition, this plan design does not contemplate changes to the minimum deductible nor differences between the draft and final 2022 NBPP or AVC. Any other changes will need to be evaluated and the plan designs may require changes to meet the final requirements.

Disclosures and Limitations

Responsible Actuary. Julie Peper, Brittney Phillips, and Brooke Steiner are the actuaries responsible for this communication. Julie is a Member of the American Academy of Actuaries and a Fellow of the Society of Actuaries. Brittney and Brooke are Members of the American Academy of Actuaries and Associates of the Society of Actuaries. They meet the Qualification Standards of the American Academy of Actuaries to issue this report.

Intended Users. This information has been prepared for the sole use of the State of Vermont and issuers within that state that will be submitting standard plan designs. Distribution to such parties should be made in its entirety. This report cannot be distributed to or relied on by any third party without the prior written permission of Wakely.

Risks and Uncertainties. The assumptions and resulting estimates included in this report and produced by the model are inherently uncertain. Users of the results should be qualified to use it and understand the results and the inherent uncertainty. Actual results may vary, potentially materially, from our estimates. Wakely does not warrant or guarantee that actual experience will tie to the AV estimated for the placement of plan designs into tiers. The developed actuarial values are for the purposes of classifying plan designs of similar value and do not represent the expected actuarial value of a plan or pricing AV used to determine premium rates. Actual AVs will vary based on a plan's specific population, utilization, unit cost, and other variables.

Conflict of Interest. The responsible actuary is financially independent and free from conflict concerning all matters related to performing the actuarial services underlying this analysis. In



addition, Wakely is organizationally and financially independent to the State of Vermont and any issuer in the state.

Data and Reliance. We have relied on others for data and information used in the actuarial value adjustments. We have reviewed the data for reasonableness, but have not performed any independent audit or otherwise verified the accuracy of the data/information. If the underlying information is incomplete or inaccurate, our estimates may be impacted, potentially significantly. Below is a list of data and assumptions provided by others and assumptions required by law.

- Draft 2022 Federal AVC Model was relied on for the original AV. While reasonability tests
 have shown there are some assumptions and methodologies that are not consistent with
 expectations, the AVC was developed for plan classification and not pricing. Thus, the
 model is being used as such and we make no warranties for the accuracy of the AVs that
 result from the AVC.
- VHCURES data supplied by the state was used in the development of the HDHP model.
- Adjustment to the high-end of the de minimis AV range for HDHPs to account for prescription drugs for which the deductible is waived. This was reviewed by both issuers, BCBS VT and MVP, based on their internal experience and claims data.
- Insulin prescription claim experience. This was provided by both issuers, BCBS VT and MVP, based on their internal experience and claims data.

Subsequent Events. Subsequent events to the date of this report that could impact the plan designs presented include, but are not limited to:

- The federal HDHP minimum deductible and Maximum Out of Pocket (MOOP) limits are not yet released for 2022. The 2021 minimum deductible and MOOP are \$1,400 and \$7,000, respectively. Historically, the deductible has increased \$50 every two to three years and the MOOP increases around \$100 a year on average, though neither changed from 2016 to 2017. The plan designs presented are compliant with the 2021 HDHP limits and may need to change once the 2022 HDHP limits are released, primarily if the minimum deductible is increased.
- The 2022 Notice of Benefits and Payment Parameters (NBPP) is still in draft form. Based on the draft regulations, the single annual limit is expected to be \$8,550, up from \$8,150 in 2021. The plan designs presented are compliant with the 2022 draft NBPP and may need to change if the final NBPP lowers the annual limit from the draft notice.
- The 2022 Federal AVC Model is also still in draft form. The plan designs presented are compliant with the 2022 draft Federal AVC and may need to change if there are changes to the final model from the draft version.



Other changes to regulations passed subsequent to this report.

Contents of Actuarial Report. This document and the supporting exhibits/files constitute the entirety of actuarial report and supersede any previous communications on the project.

Deviations from ASOPS. Wakely completed the analysis using sound actuarial practice. To the best of my knowledge, the report and methods used in the analysis are in compliance with the appropriate Actuarial Standards of Practice (ASOP) with no known deviations. A summary of ASOP compliance is listed in Exhibit D.

Exhibit A contains the formal actuarial certification. If you have any questions regarding this letter or the certification, please contact us.

Sincerely,

Julie A. Peper, FSA, MAAA

Principal and Senior Consulting Actuary

Brittney Phillips, ASA, MAAA Senior Consulting Actuary



Appendix A

Actuarial Certification State of Vermont Actuarial Value of Standard Plan Designs Effective January 1, 2022

I, Brittney Phillips, am associated with the firm of Wakely Consulting Group, LLC (Wakely), am an Associate of the Society of Actuaries and a member of the American Academy of Actuaries, and meet its Qualification Standards for Statements of Actuarial Opinion. Wakely was retained by the State of Vermont to provide a certification of the actuarial value of the state's standard plan designs that are effective January 1, 2022 on Vermont Health Connect. This certification may not be appropriate for other purposes.

To the best of my information, knowledge and belief, the actuarial values provided with this certification are considered actuarially sound for purposes of § 156.135(b), according to the following criteria:

- The draft 2022 federal Actuarial Value Calculator was used to determine the AV for the plan provisions that fit within the calculator parameters;
- Appropriate adjustments were calculated, to the AV identified by the calculator, for plan design features that deviate substantially from the parameters of the AV calculator;
- The actuarial values have been developed in accordance with generally accepted actuarial principles and practices; and
- The actuarial values meet the requirements of § 156.135(b).

The assumptions and methodology used to develop the actuarial values have been documented in my correspondence with the State of Vermont. The actuarial values associated with this certification are for standard plan designs (Silver HDHP, Bronze HDHP, one Bronze Deductible, Silver Deductible, Silver HDHP CSR 73%, Silver HDHP CSR 77%, Silver HDHP CSR 87%, Silver HDHP CSR 94%, Silver Deductible CSR 73%, Silver Deductible CSR 77%, Silver Deductible CSR 87%, and Silver Deductible CSR 94%) that will be effective as of January 1, 2022 for individual and group coverage sold on Vermont Health Connect.

The developed actuarial values are for the purposes of classifying plan designs of similar value and do not represent the expected actuarial value of a plan. Actual AVs will vary based on a plan's specific population, utilization, unit cost and other variables.

In developing the actuarial values, I have relied upon the federal Actuarial Value calculator and data from the Vermont Healthcare Claims Uniform Reporting and Evaluation System



(VHCURES). I did not audit the data provided; however, I did review the data for reasonableness and consistency.

Actuarial methods, considerations, and analyses used in forming my opinion conform to the appropriate Standards of Practice as promulgated from time-to-time by the Actuarial Standards Board, whose standards form the basis of this Statement of Opinion.

Brittney Phillips, ASA, MAAA

Britt Philly

March 8, 2021



Appendix B – Summary of Plan Design Changes from 2021 Designs

	Deductible Plans					
Plan	Platinum	Gold				
	Increase medical deductible from \$350 to \$400	Increase medical deductible from \$1,100 to \$1,200				
Changes		Increase pharmacy deductible from \$100 to \$150				
		Increase medical OOPM from \$5,200 to \$5,400				

	Deductible Plans					
Plan	Silver	Bronze w/ Rx Limit				
	Increase medical deductible from \$3,200 to \$3,400	Increase medical deductible from \$6,250 to \$6,450				
Changes	Increase pharmacy deductible from \$350 to \$400	Increase pharmacy deductible from \$1,000 to \$1,100				
	Increase combined OOPM from \$8,150 to \$8,550	Increase combined OOPM from \$8,400 to \$8,700				

	Deductible Plans
Plan	Bronze w/o Rx Limit
Changes	Increase medical deductible from \$8,400 to \$8,700
Changes	Increase combined OOPM from \$8,400 to \$8,700

	HDHPs						
Plan	Silver - Embedded MOOP	Bronze - Embedded MOOP					
	Increase medical deductible from \$1,750 to \$1,850	Increase medical deductible from \$5,500 to \$5,700					
Changes	Increase embedded single OOPM from \$8,550 to \$9,100	Increase combined OOPM from \$6,900 to \$7,100					
		Increase embedded single OOPM from \$8,550 to \$9,100					



Appendix C – On and Off-Exchange Reflective Silver Standard Plan Designs

	2022 Plan Designs - Silver Deductible Plans			
Deductible/OOP Max	On-Exchange	Off-Exchange		
Type of Plan	Deductible	Deductible		
Medical Ded	\$3,400	\$3,400		
Rx Ded	\$400	\$400		
Integrated Ded	No	No		
Medical MOOP	\$8,550	\$8,550		
Rx MOOP	\$1,400	\$1,400		
Integrated MOOP	Rx -No, Medical - Yes	Rx -No, Medical - Yes		
Family Deductible / OOP	Stacked, 2x Individual	Stacked, 2x Individual		
Medical Deductible waived for:	Prev, OV, UC, Amb	Prev, OV, UC, Amb		
Drug Deductible waived for:	Generic scripts	Generic scripts		
Service Category	Copay / Coinsurance	Copay / Coinsurance		
Inpatient	50%	50%		
Outpatient	50%	50%		
ER	\$250	\$250		
Radiology (MRI, CT, PET)	50%	50%		
Preventive	\$0	\$0		
PCP Office Visit	\$35	\$35_		
MH/SA Office Visit	\$35	\$35		
Specialist Office Visit	\$80	\$80		
Chiropractic	\$45	\$45		
Physical Therapy	\$45	\$45		
Urgent Care	\$90	\$90		
Ambulance	\$100	\$105		
Rx Generic	\$15	\$15		
Rx Preferred Brand	\$60	\$60		
Rx Non-Preferred Brand	50%	50%		
Rx Specialty	50%	50%		
Actuarial Value				
2022 Federal AVC, Adjusted if Necessary	71.1%	71.1%		

	- Silver HDHP Plans
On-Exchange	Off- Exchange
HSA Q/HDHP	HSA Q/HDHP
\$1,850	\$1,850
\$1,400	\$1,400
Yes	Yes
\$6,900	\$6,900
\$1,400	\$1,400
Yes	Yes
Aggregate with Combined	Aggregate with Combined
Medical/Rx embedded \$9,100	Medical/Rx embedded \$9,100
Single OOPM; 2x Individual	Single OOPM; 2x Individual
Preventive	Preventive
Wellness scripts	Wellness scripts
Copay / Coinsurance	Copay / Coinsurance
30%	30%
30%	30%
30%	30%
30%	30%
0%	0%
10%	10%
10%	10%
30%	30%
30%	30%
30%	30%
30%	30%
30%	35%
\$10	\$10
\$40	\$40
50%	50%
50%	50%
70.7%	70.7%



Appendix D – Comments Relative to Applicable ASOPs

This appendix includes comments relative to the following applicable Actuarial Standards of Practice (ASOP).

- ASOP No. 23, Data Quality;
- ASOP No. 25, Credibility Procedures;
- ASOP No. 41, Actuarial Communications; and
- ASOP No. 50 Determining Minimum Value and Actuarial Value under the Affordable Care Act.
- ASOP No. 56 Modeling

ASOP 23: Data Quality

- <u>3.1 Overview</u> VHCURES data was used as the basis for the HDHP model and Vermontspecific insulin prescription data was used as the basis for the insulin limit impact. This data source was deemed reasonable for the analysis discussed in the management report.
- <u>3.2 Selection of Data</u> The data was considered reasonable for our analysis subject to the following considerations
 - a. The data sources contained all material data elements.
 - b. The following considerations were reviewed as part of our analysis:
 - 1. Data was appropriate and sufficiently current.
 - 2. Data was reasonable and comprehensive of the necessary data elements.
 - 3. There were no known, material limitations of the data.
 - 4. No alternative data sets were reasonably available. The reliability of the data underlying our analysis did not require support from alternative data sets.
 - 5. Alternative data sets were not deemed necessary to complete the analysis.
 - 6. Sampling methods were not required.



- <u>3.3 Reliance on Data Supplied by Others</u> Reliance is discussed in the management report to which this appendix is attached.
- <u>3.4 Reliance on Other Information Relevant to the Use of Data</u> We relied on information contained in the report. We did not detect any material errors in the data provided and relied upon the data as part of our analysis.
- <u>3.5 Review of Data</u> We reviewed the data. Data definitions were included as part of the VHCURES data. Ultimately the data was reasonable with the adjustments discussed in our management report.
- 3.6 Limitation of the Actuary's Responsibility We did not audit the data.
- <u>3.7 Use of Data</u> Use and adjustments to the data are discussed in this management report. In addition:
- a. We deem that the data are of sufficient quality to perform the analysis;
- b. The data did not require enhancement before the analysis could be performed
- c. The data was reasonable for the analysis and did not require adjustment beyond that discussed in the management report;
- d. We did not detect any material defects in any data source;
- e. The data were adequate to perform our analysis.

ASOP 25: Credibility Procedures

The HDHP model uses data as its starting point. The experience used is fully credible and therefore no credibility blending or adjustments were necessary.

ASOP 41: Actuarial Communications

This report and the actuarial memorandum submitted are consistent with the guidance in ASOP 41.

3.1 General Requirements for Actuarial Communications

3.1.1 Principal and Scope of Engagement – These results were developed to comply with § 156.135(b) and should not be used for any other purpose. The distribution of this report to other users is limited to the State of Vermont.



- <u>3.1.2 Form and Content</u> The State of Vermont was the principal for this engagement and the scope of the engagement included developing and certifying the actuarial values for the standard plan designs as discussed in the management report.
- <u>3.1.3 Timing of Communication</u> This report is provided in conjunction with the actuarial certification of the submitted actuarial values.
- 3.1.4 Identification of Responsible Actuary The responsible actuary is identified in the attestation and this management report.
- <u>3.2 Actuarial Report</u> This management report is an Actuarial Report as defined in this ASOP. Correspondence between Wakely and the State of Vermont as part of this engagement should also be considered part of the Actuarial Report.
- <u>3.3 Specific Circumstances</u> No constraints apply beyond any discussed in the attachment management report.
- <u>3.4 Disclosures Within an Actuarial Report</u> all relevant disclosures have been made in the management report. Consistent with this ASOP, we make specific mention to the following items here:
 - <u>3.4.1 Uncertainty or Risk</u> Uncertainty is discussed in the management report.
 - <u>3.4.2 Conflict of Interest</u> Wakely is financially, organizationally, and otherwise independent from the State of Vermont and any reliant parties.
 - <u>3.4.3 Reliance on Other Sources for Data and Other Information</u> Reliance regarding data and assumptions are discussed in this management report.
 - <u>3.4.4 Responsibility for Assumptions and Methods</u> Assumptions and methods are discussed in the management report and the parties associated with the assumptions and methods have been delineated. Therefore, pursuant to this ASOP, no additional disclosure is necessary.
 - <u>3.4.5 Information Date of Report</u> -The management report lists the applicable dates for the analysis and correspondence.
 - <u>3.4.6 Subsequent Events</u> Subsequent events are listed in the Limitations and Disclosures section.
- <u>3.5 Explanation of Material Differences</u> Wakely has issued no other report regarding the development of these actuarial values. No comparison to prior results is necessary.
- <u>3.6 Oral Communications</u> No oral communication is considered part of this actuarial report. Any material assumptions or methods discussed in oral communications have been documented in written form as well.
- 3.7 Responsibility to Other Users Intended users of this report have been specifically noted in the document.



ASOP 50: Determining Minimum Value and Actuarial Value under the Affordable Care Act

- 3.1 Use of AVC or MVC The federal AVC was used.
- <u>3.2 Exceptions to the AVC</u> The federal AV was determined by making adjustments to the results of the federal AVC based on provisions that could not be appropriate modeled in the AVC.
- 3.3 Exceptions to the MVC Not applicable.
- <u>3.4 Evaluating Non-Standard Plan Designs</u> The HDHP model was normalized to the federal AVC.
- <u>3.5 Reasonableness of Assumptions for Non-Standard Plan Designs</u> The assumptions used to modify the federal AVs were reviewed for reasonability.
- 3.6 Unreasonable Results Not applicable.
- 3.7 Documentation See ASOP 41 documentation above.



Appendix E – Standard Plan Designs

Deductible Plan Designs

	2022 Plan Designs - Deductible Plans					
Deductible/OOP Max	Platinum	Gold	Silver	Bronze w/ Rx Limit	Bronze w/o Rx Limit	
Type of Plan	Deductible	Deductible	Deductible	Deductible	Deductible	
Medical Ded	\$400	\$1,200	\$3,400	\$6,450	\$8,700	
Rx Ded	\$0	\$150	\$400	\$1,100	N/A	
Integrated Ded	No	No	No	No	Yes	
Medical MOOP	\$1,400	\$5,400	\$8,550	\$8,700	\$8,700	
Rx MOOP	\$1,400	\$1,400	\$1,400	\$1,400	N/A	
Integrated MOOP	No	No	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Yes	
Family Deductible / OOP	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	
Medical Deductible waived for:	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Preventive	Preventive, OV	
Drug Deductible waived for:	N/A	Generic scripts	Generic scripts	Generic Scripts	Generic Scripts	
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	
Inpatient	10%	30%	50%	50%	0%_	
Outpatient	10%	30%	50%	50%	0%_	
ER	\$100	\$150	\$250	50%	0%_	
Radiology (MRI, CT, PET)	10%	30%	50%	50%	0%_	
Preventive	\$0	\$0	\$0	\$0	0%_	
PCP Office Visit	\$15	\$20	\$35	\$35	\$40	
MH/SA Office Visit	\$15	\$20	\$35	\$35	\$40	
Specialist Office Visit	\$40	\$50	\$80	\$90	\$100	
Chiropractic	\$20	\$30	\$45	\$45	\$50_	
Physical Therapy	\$20	\$30	\$45	\$45	\$50_	
Urgent Care	\$50	\$60	\$90	\$100	0%	
Ambulance	\$60	\$70	\$100	\$100	0%_	
Rx Generic	\$10	\$12	\$15	\$15	\$30	
Rx Preferred Brand	\$50	\$55	\$60	\$85	0%	
Rx Non-Preferred Brand	50%	50%	50%	60%	0%	
Rx Specialty	50%	50%	50%	60%	0%	
Actuarial Value						
2022 Federal AVC, Adjusted if Necessary	89.4%	81.5%	71.1%	63.7%	64.3%	



Deductible Plan Designs – Cost Sharing Reduction Plans

	2022 Plan Designs - Deductible Plans						
Deductible/OOP Max	70% AV Silver	250-300% FPL (73% AV)	200-250% FPL (77% AV)	150-200% FPL (87% AV)	133-150% FPL (94% AV)		
Type of Plan	Deductible	Deductible	Deductible	Deductible	Deductible		
Medical Ded	\$3,400	\$3,100	\$2,600	\$1,100	\$200		
Rx Ded	\$400	\$350	\$300	\$200	\$0		
Integrated Ded	No	No	No	No	No		
Medical MOOP	\$8,550	\$6,750	\$6,000	\$2,200	\$900		
Rx MOOP	\$1,400	\$1,250	\$1,100	\$450	\$200		
Integrated MOOP	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes		
Family Deductible / OOP	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual		
Medical Deductible waived for:	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Prev, OV, UC, Amb		
Drug Deductible waived for:	Generic scripts	Generic scripts	Generic scripts	Generic scripts	N/A		
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance		
Inpatient	50%	50%	50%	40%	10%		
Outpatient	50%	50%	50%	40%	10%		
ER	\$250	\$250	\$250	\$250	\$75		
Radiology (MRI, CT, PET)	50%	50%	50%	40%	10%		
Preventive	\$0	\$0	\$0	\$0	\$0		
PCP Office Visit	\$35	\$35	\$25	\$10	\$5		
MH/SA Office Visit	\$35	\$35	\$25	\$10	\$5		
Specialist Office Visit	\$80	\$70	\$50	\$30	\$15		
Chiropractic	\$45	\$40	\$30	\$12	\$6		
Physical Therapy	\$45	\$40	\$30	\$12	\$6		
Urgent Care	\$90	\$80	\$60	\$40	\$25		
Ambulance	\$100	\$100	\$100	\$100	\$50		
Rx Generic	\$15	\$12	\$12	\$10	\$5		
Rx Preferred Brand	\$60	\$60	\$60	\$50	\$20		
Rx Non-Preferred Brand	50%	50%	50%	50%	30%		
Rx Specialty	50%	50%	50%	50%	30%		
Actuarial Value							
2022 Federal AVC, Adjusted if Necessary	71.1%	74.0%	78.0%	88.0%	94.8%		



HDHP Plan Designs

•	ibili i lali besiglis	LIBUR DI
		ns - HDHP Plans
Deductible/OOP Max	Silver	Bronze
Type of Plan	HSA Q/HDHP	HSA Q/HDHP
Medical Ded	\$1,850	\$5,700
Rx Ded	\$1,400	\$1,400
Integrated Ded	Yes	Yes
Medical MOOP	\$6,900	\$7,100
Rx MOOP	\$1,400	\$1,400
Integrated MOOP	Yes	Rx -No, Medical - Yes
Family Deductible / OOP	Aggregate with Combined Medical/Rx embedded \$9,100 Single OOPM; 2x Individual	Aggregate with Combined Medical/Rx embedded \$9,100 Single OOPM; 2x Individual
Medical Deductible waived for:	Preventive	Preventive
Drug Deductible waived for:	Wellness scripts	Wellness scripts
Service Category	Copay / Coinsurance	Copay / Coinsurance
Inpatient	30%	50%
Outpatient	30%	50%
ER	30%	50%
Radiology (MRI, CT, PET)	30%	50%
Preventive	0%	0%
PCP Office Visit	10%	50%
MH/SA Office Visit	10%	50%
Specialist Office Visit	30%	50%
Chiropractic	30%	50%
Physical Therapy	30%	50%
Urgent Care	30%	50%
Ambulance	30%	50%
Rx Generic	\$10	\$12
Rx Preferred Brand	\$40	40%
Rx Non-Preferred Brand	50%	60%
Rx Specialty	50%	60%
Actuarial Value		
2022 Federal AVC, Adjusted if Neces	ssary 70.7%	63.2%



HDHP Plan Designs – Cost Sharing Reduction Plans

	2022 Plan Designs - HDHP Plan CSR Variations					
Deductible/OOP Max	70% AV Silver	250-300% FPL (73% AV)	200-250% FPL (77% AV)	150-200% FPL (87% AV)	133-150% FPL (94% AV)	
Type of Plan	HSA Q/HDHP	HSA Q/HDHP	HSA Q/HDHP	HSA Q/HDHP	Deductible (NOT HSAQ)	
Medical Ded	\$1,850	\$1,750	\$1,600	\$1,400	\$550	
Rx Ded	\$1,400	\$1,400	\$1,400	N/A	N/A	
Integrated Ded	Yes	Yes	Yes	Yes	Yes	
Medical MOOP	\$6,900	\$5,200	\$4,400	\$1,400	\$550	
Rx MOOP	\$1,400	\$1,400	\$1,400	N/A	N/A	
Integrated MOOP	Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Yes	Yes	
Family Deductible / OOP	Aggregate with Combined Medical/Rx embedded \$9,100 Single OOPM; 2x Individual	Aggregate with Combined Medical/Rx embedded \$9,100 Single OOPM; 2x Individual	Aggregate with Combined Medical/Rx embedded \$9,100 Single OOPM; 2x Individual	Aggregate, 2x Individual	Aggregate, 2x Individual	
Medical Deductible waived for:	Preventive	Preventive	Preventive	Preventive	Preventive	
Drug Deductible waived for:	Wellness scripts	Wellness scripts	Wellness scripts	Wellness scripts	Wellness scripts	
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	
Inpatient	30%	25%	25%	0%	0%	
Outpatient	30%	25%	25%	0%	0%	
ER	30%	25%	25%	0%	0%	
Radiology (MRI, CT, PET)	30%	25%	25%	0%	0%	
Preventive	0%	0%	0%	0%	0%	
PCP Office Visit	10%	10%	10%	0%	0%	
MH/SA Office Visit	10%	10%	10%	0%	0%	
Specialist Office Visit	30%	25%	25%	0%	0%	
Chiropractic	30%	25%	25%	0%	0%	
Physical Therapy	30%	25%	25%	0%	0%	
Urgent Care	30%	25%	25%	0%	0%_	
Ambulance	30%	25%	25%	0%	0%_	
Rx Generic	\$10	\$10	\$10	\$0	\$0	
Rx Preferred Brand	\$40	\$40	\$40	\$0	\$0	
Rx Non-Preferred Brand	50%	50%	50%	0%	0%	
Rx Specialty	50%	50%	50%	0%	0%	
Actuarial Value						
2022 Federal AVC, Adjusted if Necessary	70.7%	73.4%	77.3%	87.5%	93.7%	



Appendix F – Summary of Adjustments Considered and Final Adjusted AVs

Adjustments Considered	Aggregate Ded	Aggregate MOOP, Embedded \$9,100	Stacked MOOP	Drug Regulation	Preventive Drugs	AV from AVC	Final Adjusted AV
Silver HDHP – Embedded \$9,100 Individual MOOP	Yes	Yes	No	Yes	Yes	73.0%	70.7%
Bronze HDHP- Embedded \$9,100 Individual MOOP	Yes	Yes	No	Yes	Yes	64.7%	63.2%
Silver Deductible	No	No	No	Yes	No	70.1%	71.1%
Bronze Deductible (with pharmacy limit)	No	No	Yes	Yes	No	62.8%	63.7%
Silver HDHP - Embedded \$9,100 Individual MOOP CSR 73%	Yes	Yes	No	Yes	Yes	75.7%	73.4%
Silver HDHP - Embedded \$9,100 Individual MOOP CSR 77%	Yes	Yes	No	Yes	Yes	79.5%	77.3%
Silver HDHP - Embedded \$9,100 Individual MOOP CSR 87%	Yes	Yes	No	No	Yes	88.0%	87.5%
Silver HDHP - Embedded \$9,100 Individual MOOP CSR 94%	Yes	Yes	No	No	Yes	93.8%	93.7%
Silver Deductible CSR - 73%	No	No	Yes	Yes	No	73.1%	74.0%
Silver Deductible CSR - 77%	No	No	Yes	Yes	No	77.4%	78.0%
Silver Deductible CSR - 87%	No	No	Yes	Yes	No	87.7%	88.0%
Silver Deductible CSR - 94%	No	No	Yes	Yes	No	94.7%	94.8%



Appendix G - Screen Shots and AV Development

- 1. Silver HDHP Embedded MOOP
- 2. Bronze HDHP Embedded MOOP
- 3. Silver Deductible Plan
- 4. Bronze Deductible Plan (with pharmacy limit)
- 5. Silver HDHP Embedded MOOP CSR 73%
- 6. Silver HDHP Embedded MOOP CSR 77%
- 7. Silver HDHP Embedded MOOP CSR 87%
- 8. Silver HDHP Embedded MOOP CSR 94%
- 9. Silver Deductible CSR 73%
- 10. Silver Deductible CSR 77%
- 11. Silver Deductible CSR 87%
- 12. Silver Deductible CSR 94%



1. Silver HDHP - Embedded MOOP

AV from AVC = 73.0%

Adjusted AV = 70.7%

AVC Screen Shot:

User Inputs for Plan Parameters HSA/HRA Options Tiered Network Option Use Integrated Medical and Drug Deductible? HSA/HRA Employer Contribution? Apply Inpatient Copay per Day? Tiered Network Plan? Apply Skilled Nursing Facility Copay per Day? Annual Contribution Amount: \$0.00 Use Separate MOOP for Medical and Drug Spending? Indicate if Plan Meets CSR or Expanded Bronze AV Standard? Desired Metal Tier Tier 1 Plan Benefit Design Tier 2 Plan Benefit Design Medical Medical Drug Combined Drug Combined Deductible (\$) \$1.850.00 Coinsurance (%, Insurer's Cost Share) 70.00% MOOP (\$) \$6,900.00 MOOP if Separate (\$)

Click Here for Important Instructions		Tie	r 1			Ti	er 2		Tier 1	Tier 2
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only	after deductible?
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	V	V								
All Inpatient Hospital Services (inc. MH/SUD)	V	V								
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	V	v	90%							
Specialist Visit	✓	✓								
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	✓	V	90%		_	_				_
Imaging (CT/PET Scans, MRIs)	✓	✓								
Speech Therapy	✓	✓								
Occupational and Physical Therapy	✓	V								□
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	•	✓								
X-rays and Diagnostic Imaging	•	V								
Skilled Nursing Facility	✓	V								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	•	V								
Outpatient Surgery Physician/Surgical Services	V	✓								
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	V			\$10.00					V	
Preferred Brand Drugs	✓			\$40.00					V	
Non-Preferred Brand Drugs	₹	✓	50%							
Specialty Drugs (i.e. high-cost)	✓	✓	50%							

Options for Additional Benefit Design Limits: Set a Maximum on Specialty Rx Coinsurance Payments? Specialty Rx Coinsurance Maximum: Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10): Begin Primary Care Cost-Sharing After a Set Number of Visits? \qed # Visits (1-10): Begin Primary Care Deductible/Coinsurance After a Set Number of $\ \ \Box$ Copays? # Copays (1-10): Output

Plan Description: 2022 Silver HDHP Plan Opt 3 Plan HIOS ID:

Issuer HIOS ID: AVC Version: 2022_1b

Status/Error Messages:

Error: Result is outside of [-4, +2] percent de minimis variation.

NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:

Actuarial Value: Metal Tier:

Calculation Time: 0.1406 seconds

Draft 2022 AV Calculator



1. Silver HDHP - Embedded MOOP, Continued

HDHP Model – Normalization:

Inputs						
•			 		d	
	es in the blue cells b lculate' anytime an	· · · · · · · · · · · · · · · · · · ·		e drop down box, an	a press Calculate .	
	nat the model run-ti	· · · · · · · · · · · · · · · · · · ·				
	age box will appear	•				
71111033	age box will appear	To marcate that the		one.		
		Medical	Rx			
In	dividual Deductible	1,850	1,850			
	Family Deductible	3,700	3,700			
Indivi	dual Out-of-Pocket	6,900	6,900			
Fa	mily Out-of-Pocket	13,800	13,800			
Coinsu	rance (50% or Less)	27%	28%			
Individua	l Embedded Moop:	9,100				
		С	osts that Accumula	ite		
			0	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	Ţ
		 Calculat	e			
Results						
		Medical	Rx	Total		
	Allowed PMPM		\$103.55	\$535.41		
	Plan PMPM	\$314.21	\$76.63	\$390.84		
	Actuarial Value	72.8%	74.0%	73.00%		



1. Silver HDHP - Embedded MOOP, Continued

HDHP Model – Adjusted Actuarial Value:

nputs						
Enter valu	ies in the blue cells b	elow, choose a sett	ing option from the	e drop down box. an	d press 'Calculate'.	
	alculate' anytime an			•	a press carearate :	
	hat the model run-ti	· · · · · · · · · · · · · · · · · · ·				
A mess	sage box will appear	to indicate that the	e calculations are de	one.		
		Medical	Rx			
Ir	ndividual Deductible	1,850	1,400			
	Family Deductible	3,700	2,800			
Indivi	idual Out-of-Pocket	6,900	1,400			
Fa	amily Out-of-Pocket	13,800	2,800			
Coinsu	rance (50% or Less)	27%	28%			
Individua	al Embedded Moop:	9,100				
		С	osts that Accumula	te		
			0	ОР	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	
		Calculat	_			
		Calculati	e			
Results						
		Medical	Rx	Total		
	Allowed PMPM		\$103.55	\$535.41		
	Plan PMPM		\$81.84	\$378.47		
	Actuarial Value	68.7%	79.0%	70.69%		



2. Bronze HDHP - Embedded MOOP

AV from AVC = 64.7%

Adjusted AV = 63.2%

AVC Screen Shot:

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	♥		HSA/HRA Option	s	Tie	ered Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Emp	loyer Contribution	1? 🗆		d Network Plan				
Apply Skilled Nursing Facility Copay per Day?		Annual Contri	bution Amount:	\$0.00		t Tier Utilization				
Use Separate MOOP for Medical and Drug Spending?				,	2nd	d Tier Utilization	: 0%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier		r 1 Plan Benefit De	ocian		Tior	2 Plan Benefit	Dosign			
	Medical	Drug	Combined	-	Medical	Drug	Combined			
Deductible (\$)		Drug	\$5,700.00		Wiedical	Diug	Combined			
Coinsurance (%, Insurer's Cost Share)			50.00%							
MOOP (\$)			\$7,100.00	7						
MOOP if Separate (\$)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_						
Click Here for Important Instructions			er 1				Tier 2		Tier 1	Tier 2
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only	after deductible
Medical	□ All	□ All	direction	зеринис	□ All	□ All	direction	Separate	□ All	☐ All
Emergency Room Services	₹	✓							0	
All Inpatient Hospital Services (inc. MH/SUD)	▼	✓								
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	✓	•								
Specialist Visit	V	V								
Mental/Behavioral Health and Substance Use Disorder Outpatient										
Services	✓	✓								
Imaging (CT/PET Scans, MRIs)	✓	✓								
Speech Therapy	✓	✓								
	✓	•								
Occupational and Physical Therapy			4.000/	¢0.00			4000/	ć0.00		
Preventive Care/Screening/Immunization			100%	\$0.00	I		100%	\$0.00		
Laboratory Outpatient and Professional Services X-rays and Diagnostic Imaging	V	•								
Skilled Nursing Facility	V	✓				<u>-</u>				
Skilled Nursing Facility										
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓	•								
Outpatient Surgery Physician/Surgical Services	✓	✓								
Drugs	☐ All	□ All			☐ All	☐ All			☐ All	☐ All
Generics	V			\$12.00					✓	
Preferred Brand Drugs	V	✓	60%							
Non-Preferred Brand Drugs	V	✓	40%							
Specialty Drugs (i.e. high-cost)	✓	✓	40%							
Options for Additional Benefit Design Limits:			Plan Description							
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	2022 Bronze HD	HP Plan Option 5	,				
Specialty Rx Coinsurance Maximum:		-	Plan HIOS ID:							
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID: AVC Version:	2022 15						
# Days (1-10): Begin Primary Care Cost-Sharing After a Set Number of Visits?		1	AVC Version:	2022_1b						
# Visits (1-10):	_									
Begin Primary Care Deductible/Coinsurance After a Set Number of		1								
Copays?										
# Copays (1-10):										
Output										
Calculate										
Status/Error Messages:		tside of [-4, +2] pe	rcent de minimis v	ariation.						
Actuarial Value:	64.70%									
Metal Tier:										
Additional Notes:										
Calculation Time:	0.1172 seconds									
Draft 2022 AV Calculator										



2. Bronze HDHP - Embedded MOOP, Continued

HDHP Model – Normalization:

Inputs						
-						
				e drop down box, an	d press 'Calculate'.	
	lculate' anytime an	· · · · · · · · · · · · · · · · · · ·				
	nat the model run-ti age box will appear	•				
AIIIESS	uge box wiii uppeur	to maicate that the	e carculations are a	one.		
		Medical	Rx			
In	dividual Deductible	5,700	5,700			
	Family Deductible	11,400	11,400			
Individ	dual Out-of-Pocket	7,100	7,100			
Fa	mily Out-of-Pocket		14,200			
Coinsur	rance (50% or Less)	48%	48%			
Individua	l Embedded Moop:	9,100				
		C	osts that Accumula	ate		
			C	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	į
		Calculat	е			
Results						
		Medical	Rx	Total		
	Allowed PMPM		\$123.82	\$640.20		
	Plan PMPM		\$83.77	\$414.17		
	Actuarial Value	64.0%	67.7%	64.69%		



2. Bronze HDHP – Embedded MOOP, Continued

HDHP Model – Adjusted Actuarial Value:

Inputs						
<u> </u>						
				e drop down box, an	d press 'Calculate'.	
	lculate' anytime an	_ ·				
	nat the model run-ti	·				
A mess	age box will appear	to indicate that the	e caiculations are a	one.		
		Medical	Rx			
In	dividual Deductible	5,700	1,400			
	Family Deductible	11,400	2,800			
Indivi	dual Out-of-Pocket	7,100	1,400			
	mily Out-of-Pocket	14,200	2,800			
Coinsu	rance (50% or Less)	48%	48%			
Individua	l Embedded Moop:	9,100				
		С	osts that Accumula	ite		
			0	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	
		 Calculat	e			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$516.39	\$123.82	\$640.20		
	Plan PMPM	\$311.36	\$93.11	\$404.47		
	Actuarial Value	60.3%	75.2%	63.18%		



3. Silver Deductible

AV from AVC = 70.1%

Adjustments

• HDHP Model with drug adjustments / HDHP Model without drug adjustments = 65.17%/64.18% = 1.015 x .701 = 71.1%

Adjusted AV = 71.1%

AVC Screen Shot:

Draft 2022 AV Calculator

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?			HSA/HRA Option:	s	Tie	red Network Op	tion			
Apply Inpatient Copay per Day?		HSA/HRA Empl	loyer Contribution	? 🗆		d Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contril	bution Amount:	\$0.00		: Tier Utilization:	100%			
Use Separate MOOP for Medical and Drug Spending?		7 11 11 11 11 11 11 11 11 11 11 11 11 11		7,0,00	2nd	Tier Utilization:	0%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier				_						
		r 1 Plan Benefit De		_		2 Plan Benefit D				
Destruction (A)	\$3,400.00	Drug \$400.00	Combined	_	Medical	Drug	Combined			
Deductible (\$) Coinsurance (%, Insurer's Cost Share)	50.00%	50.00%								
MOOP (\$)		50.00		-						
MOOP if Separate (\$)		J0.00		_						
Woor it separate (5)										
Click Here for Important Instructions		Tie	er 1			Tie	er 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if		
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	Copay applies only	after deductible
Medical	□ All	☐ All			☐ All	☐ All			□ All	☐ All
Emergency Room Services	✓			\$250.00					V	
All Inpatient Hospital Services (inc. MH/SUD)	₹	•								
				425.00	_					
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)				\$35.00						
Specialist Visit				\$80.00						
Mental/Behavioral Health and Substance Use Disorder Outpatient		_		\$35.00	_				_	
Services				\$35.00						
Imaging (CT/PET Scans, MRIs)	✓	✓								
Speech Therapy				\$80.00						
				\$45.00						
Occupational and Physical Therapy					_					
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	✓	✓								
X-rays and Diagnostic Imaging	V	~								
Skilled Nursing Facility	₹	✓								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓	V				-				
Outpatient Surgery Physician/Surgical Services	₹	✓								
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics				\$15.00						
Preferred Brand Drugs	✓			\$60.00					✓	
Non-Preferred Brand Drugs	✓	✓								
Specialty Drugs (i.e. high-cost)	✓	~								
Options for Additional Benefit Design Limits:		1	Plan Description							
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	2022 Silver Dedu	ctible Plan Opt 3					
Specialty Rx Coinsurance Maximum: Set a Maximum Number of Days for Charging an IP Copay?		-	Plan HIOS ID: Issuer HIOS ID:							
# Days (1-10):	П		AVC Version:	2022 1b						
Begin Primary Care Cost-Sharing After a Set Number of Visits?		-	AVC Version:	2022_10						
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of	П	1								
Copays?	_									
# Copays (1-10):										
Output		,								
Calculate										
Status/Error Messages:	Calculation Succe	ssful.								
Actuarial Value:	70.07%									
Metal Tier:	Silver									
	NOTE: Office-visit	-specific cost-shari	ing is applying to x	rays in office settir	ngs.					
Additional Notes:										
Calculation Time:	0.0703 seconds									



Silver Deductible, Continued

HDHP Model – Without Prescription Drug Adjustments:

lmmita						
nputs						
Enter valu	ies in the blue cells	below, choose a	setting option fro	m the drop down	box, and press 'Calculd	ite'.
Press 'Co	alculate' anytime a	n input or dropdo	own selection is ch	anged.		
Note tl	hat the model run-	time will vary bas	sed on the compu	ters processing spe	eed.	
A mess	sage box will appe	ar to indicate that	t the calculations	are done.		
		Medical	Rx			
	vidual Deductible	3,400	400			
F	Family Deductible	6,800	800			
Individ	ual Out-of-Pocket	8,550	8,550			
Fam	nily Out-of-Pocket	17,100	17,100			
Coinsura	ance (50% or Less)	43%	33%			
ndividual I	Embedded Moop:	8,550				
		Co	osts that Accumul	ate		
			C	ОР	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5
		Calculat				
		Calculat	le			
Dagulta						
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$429.55	\$103.00	\$532.55		
	Plan PMPM	\$262.93	\$78.88	\$341.81		
	Actuarial Value	61.2%	76.6%	64.18%		



Silver Deductible, Continued

HDHP Model – With Prescription Drug Adjustments:

Inputs						
Enter valı	ies in the hlue cells	helow choose as	settina ontion fro	om the dron down	box, and press 'Calcula	te'
	alculate' anytime a					
	hat the model run-				eed.	
	sage box will appe	•				
		Medical	Rx			
Indi	vidual Deductible	3,400	400			
	Family Deductible	6,800	800			
Individ	ual Out-of-Pocket	8,550	1,400			
	nily Out-of-Pocket	17,100	2,800			
	ance (50% or Less)	43%	33%			
			3370			
ndividual	Embedded Moop:	8,550		1.1.		
		Co	osts that Accumu		Deal artists /	
		Deductible	Medical	OOP Rx	Deductible /	
	Cottings		Medical & Rx		OOP Type Stacked	2
	Settings	Medical & Rx	Medical & KX	Rx Only	Stacked	
		Calculat	re			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$429.55	\$103.00	\$532.55		
	Plan PMPM	\$260.04	\$87.05	\$347.08		
	Actuarial Value	60.5%	84.5%	65.17%		



3. Bronze Deductible (with drug limit)

Use Integrated Medical and Drug Deductible?

AV from AVC = 62.8%

Adjustments

 HDHP Model with drug adjustments / HDHP Model without drug adjustments = 62.98%/62.09% = 1.014 x .628 = 63.7%

Adjusted AV = 63.7%

AVC Screen Shot:

User Inputs for Plan Parameters

Apply Inpatient Copay per Day?		HSA/HRA Emp	loyer Contribution	? 🗆	Tiere	d Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contri	bution Amount:	\$0.00	1st	Tier Utilization:	100%			
Use Separate MOOP for Medical and Drug Spending?		Allidai Colleii	buttott Amount.	Ş0.00	2nd	Tier Utilization:	0%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier	Bronze ▼			_						
		1 Plan Benefit De				2 Plan Benefit [
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)	\$6,450.00	\$1,100.00								
Coinsurance (%, Insurer's Cost Share)	50.00%	40.00%		4						
MOOP (\$)	\$8,70	00.00		_			\vdash			
MOOP if Separate (\$)			ı				ı			
Click Here for Important Instructions		Tie	er 1			Ti	ier 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if		
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	Copay applies only	after deductible
Medical	☐ All	□ All		·	☐ All	☐ All			□ All	☐ All
Emergency Room Services	✓	V								
All Inpatient Hospital Services (inc. MH/SUD)	₹	V								
Driver Core Visit to Treet on Injury or Illness (over Dreventive and Visits)				\$35.00	_					
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	✓			\$35.00		-			~	-
Specialist Visit	₹			\$90.00					V	
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$35.00	_	П			-	П
Services	✓			,555.00		Ш			₹	Ш
Imaging (CT/PET Scans, MRIs)	₹	✓								
Speech Therapy	₹			\$90.00					✓	
Occupational and Physical Therapy	•			\$45.00					•	
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	₹	✓								
X-rays and Diagnostic Imaging	₹	✓								
Skilled Nursing Facility	₹	✓								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	V	•			_					_
Outpatient Surgery Physician/Surgical Services	✓	✓								
Drugs	☐ All	☐ All			☐ All	☐ All			□ All	☐ All
Generics				\$15.00						
Preferred Brand Drugs	✓			\$85.00					✓	
Non-Preferred Brand Drugs	₹	✓								
Specialty Drugs (i.e. high-cost)	₹	✓								
Options for Additional Benefit Design Limits:			Plan Description:							
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	2022 Bronze Ded	luctible Plan - wi	th Rx Limit Option	on 4			
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:							
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:							
# Days (1-10):			AVC Version:	2022_1b						
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):										
Output										
Calculate	Fune aded Duesse (Shandard (ECO) ha C	EO/) Calaulatian C							
	Expanded Bronze S 62.77%	standard (56% to 6	رهون), Calculation St	iccesstul.						
	Bronze									
	NOTE: Office-visit-	specific cost-shari	ng is anniving to v-	rays in office setting	ngs					
	TTO IL. OTTICE-VISIT	specific cost-stidi	ing is applying to x-	rays in office settin	igo.					
Additional Notes:										
Calculation Times	0.092 seconds									
Calculation Time:	0.082 seconds									



Bronze Deductible (Continuing, with drug limit), Continued

HDHP Model – Without Prescription Drug Adjustments:

nputs						
Enter valu	es in the blue cells	below, choose a s	setting option fro	m the drop down	box, and press 'Calcul	late'.
	alculate' anytime a	•				
Note th	nat the model run-	time will vary bas	ed on the compu	ters processing sp	eed.	
A mess	age box will appe	ar to indicate that	the calculations	are done.		
		Medical	Rx			
Indi	vidual Deductible	6,450	1,100			
F	amily Deductible	12,900	2,200			
Individu	ual Out-of-Pocket	8,700	8,700			
Fam	ily Out-of-Pocket	17,400	17,400			
Coinsura	ance (50% or Less)	47%	42%			
ndividual I	Embedded Moop:	8,700				
		Co	sts that Accumu	late		
			C	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5
		Calculat				
		Calculat	te			
Results						
	AII 1004004	Medical	Rx	Total		
	Allowed PMPM	\$512.69	\$122.93	\$635.62		
	Plan PMPM	\$303.83	\$90.85	\$394.68		
	Actuarial Value	59.3%	73.9%	62.09%		
				I		



4. Bronze Deductible (Continuing, with drug limit), Continued

HDHP Model – With Prescription Drug Adjustments:

Inputs						
Enter valu	es in the blue cells	below, choose a	setting option fro	m the drop down	box, and press 'Calc	ulate'.
Press 'Co	alculate' anytime a	n input or dropdo	own selection is ch	anged.		
Note th	hat the model run-	time will vary bas	ed on the comput	ters processing spe	eed.	
A mess	age box will appe	ar to indicate that	t the calculations of	are done.		
		Medical	Rx			
	vidual Deductible	6,450	1,100			
F	amily Deductible	12,900	2,200			
Individu	ual Out-of-Pocket	8,700	1,400			
Fam	ily Out-of-Pocket	17,400	2,800			
Coinsura	nce (50% or Less)	47%	42%			
Individual E	Embedded Moop:	8,700				
		Co	osts that Accumul	ate		
			0	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Rx Only	Stacked	2
		Calculat	te			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$512.69	\$122.93	\$635.62		
	Plan PMPM	\$299.01	\$101.32	\$400.33		
	Actuarial Value	58.3%	82.4%	62.98%		



4. Silver HDHP – Embedded MOOP CSR – 73%

AV from AVC = 75.7%

Adjusted AV = 73.4%

AVC Screen Shot:

Oser inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	✓		HSA/HRA Option	s	Tie	red Network C	ption			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution	? 🗆	Tiered	Network Plan	? 🗆			
Apply Skilled Nursing Facility Copay per Day?		Annual Contril	hutian Amaunt.	\$0.00	1st T	ier Utilization	: 100%			
Use Separate MOOP for Medical and Drug Spending?		Annual Contril	bution Amount:	\$0.00	2nd T	ier Utilization	: 0%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	~									
Desired Metal Tier	Silver ▼									
	Tie	r 1 Plan Benefit De	esign		Tier	2 Plan Benefit	Design			
	Medical	Drug	Combined	1	Medical	Drug	Combined			
Deductible (\$)			\$1,750.00	7						
Coinsurance (%, Insurer's Cost Share)			75.00%							
MOOP (\$)			\$5,200.00	7						
MOOP if Separate (\$)				_						
		•	-				•			
Click Here for Important Instructions		Tie	er 1			Т	ier 2		Tier 1	Tier 2
- 4- 4:	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay applie	s only after
Type of Benefit	Deductible?	Coinsurance?	different	separate		Coinsurance?		separate	deduct	
Medical	☐ All	☐ All			☐ All	All			☐ All	☐ All
Emergency Room Services	V	~								
All Inpatient Hospital Services (inc. MH/SUD)	✓	✓								
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and										
X-rays)	✓	~	90%							
Specialist Visit	✓	~								
Mental/Behavioral Health and Substance Use Disorder Outpatient										
Services	~	~	90%							
Imaging (CT/PET Scans, MRIs)	~	~								
Speech Therapy	<u> </u>	✓								
эреесі петару										
Occupational and Physical Therapy	✓	~								
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	~	~	100/8	\$0.00			100%	30.00		
X-rays and Diagnostic Imaging	V	✓			1 5					H
Skilled Nursing Facility	V	₹								
Skilled Nursing Facility										
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	~	~								
Outpatient Surgery Physician/Surgical Services	✓	~								П
Drugs	□ All	□ All			All	All			□ All	□ All
Generics	V			\$10.00					V	
Preferred Brand Drugs	V			\$40.00	1 7	H			<u> </u>	H
Non-Preferred Brand Drugs	V		50%	\$40.00		H				H
Specialty Drugs (i.e. high-cost)	V	·	50%		1 7					H
	Ľ	·								
Options for Additional Benefit Design Limits:		1	Plan Description	1: 2021 HDHP						
	П									
				Plan CSR						
				Variations - 250 300% FPL (73%	•					
C-1-M-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-				•						
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	AV)						
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:							
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	2024 41						
# Days (1-10):		-	AVC Version:	2021_1j						
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
#Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
#Copays (1-10):		J								
Output										
Calculate	F									
Status/Error Messages:		utside of +/- 1 pe	rcent de minimis	variation for CSR	S.					
Actuarial Value:	75.69%									
Metal Tier:										
	NOTE: Office-vis	it-specific cost-sh	naring is applying	to x-rays in office	e settings.					
Additional Notes:										
Calculation Time:	0.1172 seconds									
Draft 2021 AV Calculator										



4. Silver HDHP - Embedded MOOP CSR - 73%, Continued

HDHP Model – Normalization:

Inputs						
Enter value.	s in the blue cells	below, choose a s	setting option fror	m the drop down l	box, and press 'Cal	culate'.
Press 'Cald	culate' anytime a	n input or dropdo	wn selection is ch	anged.		
Note tha	at the model run-	time will vary bas	ed on the comput	ers processing spe	ed.	
A messa	ge box will appe	ar to indicate that	the calculations o	re done.		
			_			
		Medical	Rx			
	dual Deductible	1,750	1,750			
Fa	mily Deductible	3,500	3,500			
Individua	al Out-of-Pocket	5,200	5,200			
Famil	y Out-of-Pocket	10,400	10,400			
Coinsuran	ice (50% or Less)	23%	28%			
Individual Er	mbedded Moop:	9,100				
		Co	sts that Accumula	ate		
			0	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5
		Calculat	:e			
Results						
		Medical	Rx	Total		
	Allowed PMPM		\$104.33	\$539.42		
	Plan PMPM		\$78.81	\$408.06		
	Actuarial Value	75.7%	75.5%	75.65%		



5. Silver HDHP - Embedded MOOP CSR - 73%, Continued

HDHP Model – Adjusted Actuarial Value:

		ı	1	1		
Inputs						
Enter valu	es in the blue cells	below, choose a s	setting option froi	n the drop down b	oox, and press 'Cald	rulate'.
Press 'Co	alculate' anytime a	n input or dropdo	wn selection is ch	anged.		
Note th	hat the model run-	time will vary bas	ed on the comput	ers processing spe	ed.	
A mess	age box will appe	ar to indicate that	the calculations of	are done.		
		Medical	Rx			
Indi	vidual Deductible	1,750	1,400			
F	amily Deductible	3,500	2,800			
Individ	ual Out-of-Pocket	5,200	1,400			
Fam	ily Out-of-Pocket	10,400	2,800			
Coinsura	nce (50% or Less)	23%	28%			
Individual I	Embedded Moop:	9,100				
		Co	osts that Accumula	ate		
			0	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	6
		Calculat	ie			
Results						
		Na. di . d		T. I. I		
	AU 180	Medical	Rx	Total		
	Allowed PMPM	•	\$104.33	\$539.42		
	Plan PMPM	,	\$82.71	\$395.72		
	Actuarial Value	71.9%	79.3%	73.36%		



5. Silver HDHP – Embedded MOOP CSR – 77%

AV from AVC = 79.5%

Adjusted AV = 77.3%

AVC Screen Shot:

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	~	H	ISA/HRA Option:	s	Tier	ed Network Op	tion			
Apply Inpatient Copay per Day?		HSA/HRA Employ	er Contribution	? 🗆	Tiered	Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Cantaile	ution Amount.	ć0.00	1st T	ier Utilization:	100%			
Use Separate MOOP for Medical and Drug Spending?		Annual Contrib	ution Amount:	\$0.00	2nd T	ier Utilization:	0%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	✓									
Desired Metal Tier	Gold ▼			_						
		1 Plan Benefit De				2 Plan Benefit D				
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$1,600.00							
Coinsurance (%, Insurer's Cost Share)			75.00%							
MOOP (\$)			\$4,400.00	_						
MOOP if Separate (\$)										
Click Here for Important Instructions		Tier	1			Tie	er 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to		Coinsurance, if	Copay, if	Copay applies	
Type of Benefit	Deductible?	Coinsurance?	different	separate		Coinsurance?	different	separate	deduct	
Medical	☐ All	☐ All			All	All			☐ All	All
Emergency Room Services	<u> </u>	✓								
All Inpatient Hospital Services (inc. MH/SUD)	✓	✓								Ō
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and										
X-rays)	~	✓	90%							
Specialist Visit	✓	✓								
Mental/Behavioral Health and Substance Use Disorder Outpatient										
Services	~	~	90%							
Imaging (CT/PET Scans, MRIs)	✓	✓								
Speech Therapy	☑	☑								Ö
The contract of the contract o										
Occupational and Physical Therapy	~	~								
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	<u> </u>	✓								
X-rays and Diagnostic Imaging	·····	☑								
Skilled Nursing Facility	☑	☑								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	~	\checkmark								
Outpatient Surgery Physician/Surgical Services	✓	✓								
Drugs	☐ All	☐ All			All	[] All			☐ All	All
Generics	~			\$10.00					V	
Preferred Brand Drugs	✓			\$40.00					✓	
Non-Preferred Brand Drugs	~	V	50%							
Specialty Drugs (i.e. high-cost)	V	V	50%							
Options for Additional Benefit Design Limits:			Plan Description	1:	•					
-				2021 HDHP						
				Plan CSR						
				Variations - 200	.					
				250% FPL						
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	(77% AV)						
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:							
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:							
# Days (1-10):			AVC Version:	2021_1j						
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):										
Output										
Calculate										
Status/Error Messages:	Error: Result is ou	itside of +/- 1 per	ent de minimis	variation for CSR	ts.					
Actuarial Value:	79.48%									
Metal Tier:										
	NOTE: Office-visi	t-specific cost-sha	ring is applying	to x-rays in office	e settings.					
Additional Notes:										
Calculation Time:	0.1055 seconds									
Draft 2021 AV Calculator										



5. Silver HDHP – Embedded MOOP CSR – 77%, Continued

HDHP Model – Normalization:

Inputs						
•	es in the hlue cells	helow choose as	setting ontion from	m the dron down	box, and press 'Calculo	nto'
	ılculate' anytime a	· · · · · · · · · · · · · · · · · · ·			box, and press calcul	, t.c.,
	nat the model run-				eed.	
	age box will appe	•	•			
		Medical	Rx			
Indi	vidual Deductible	1,600	1,600			
F	amily Deductible	3,200	3,200			
Individ	ual Out-of-Pocket	4,400	4,400			
Fam	ily Out-of-Pocket	8,800	8,800			
Coinsura	nce (50% or Less)	23%	24%			
Individual I	Embedded Moop:	9,100				
		Co	osts that Accumul	ate		
			0	ОР	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5
		Calculat	te			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$511.77	\$122.71	\$634.48		
	Plan PMPM	\$405.91	\$98.15	\$504.06		
	Actuarial Value	79.3%	80.0%	79.45%		



6. Silver HDHP – Embedded MOOP CSR – 77%, Continued

HDHP Model – Adjusted Actuarial Value:

Innuts						
Inputs				1		
				·	box, and press 'Calcul	ate'.
	alculate' anytime a	· · · · · · · · · · · · · · · · · · ·				
	hat the model run-	•	•	, , , , , , , , , , , , , , , , , , , ,	eed.	
A mess	sage box will appe	ar to indicate that	the calculations o	are done.		
		Medical	Rx			
Indi	vidual Deductible	1,600	1,400			
	Family Deductible	3,200	2,800			
	ual Out-of-Pocket	·	1,400			
Fam	nily Out-of-Pocket	8,800	2,800			
Coinsura	ance (50% or Less)	23%	24%			
Individual	Embedded Moop:	9,100				
		Co	osts that Accumul	ate		
			0	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	e
		 Calculat				
		Calculat				
Results						
resuits		<u> </u>	1	<u> </u>		
		Medical	Rx	Total		
	Allowed PMPM	\$511.77	\$122.71	\$634.48		
	Plan PMPM		\$100.59	\$490.53		
	Actuarial Value	76.2%	82.0%	77.31%		



6. Silver HDHP - Embedded MOOP CSR - 87%

AV from AVC = 88.0%

Adjusted AV = 87.5%

AVC Screen Shot:

Additional Notes:

Draft 2021 AV Calculator

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	~		HSA/HRA Option	S	Tie	red Network C	Option			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution	? 🔲	Tiered	Network Plan	? 🗆			
Apply Skilled Nursing Facility Copay per Day?		A C til	bution Amount:	\$0.00	1st 1	Tier Utilization	: 100%			
Use Separate MOOP for Medical and Drug Spending?		Annual Contri	bution Amount:	\$0.00	2nd 1	Fier Utilization	: 0%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	~									
Desired Metal Tier	Gold ▼									
	Tie	1 Plan Benefit De	esign		Tier	2 Plan Benefit	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$1,400.00	7						
Coinsurance (%, Insurer's Cost Share)			100.00%							
MOOP (\$)			\$1,400.00	1						
MOOP if Separate (\$)				_						
		•	•			•	-			
Click Here for Important Instructions		Tie	r1			Т	ier 2		Tier 1	Tier 2
T	Subject to	Subject to	Coinsurance, if	f Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay applie	es only after
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	deduc	ctible?
Medical	☐ All	□ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	~	~	_							
All Inpatient Hospital Services (inc. MH/SUD)	~	~								
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and	_	_			_	_			_	
X-rays)	~	~								
Specialist Visit	~	~								
Mental/Behavioral Health and Substance Use Disorder Outpatient										
Services	~	~								
Imaging (CT/PET Scans, MRIs)	~	V								
Speech Therapy	V	V								
Occupational and Physical Therapy	•	~								
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	~	~								
X-rays and Diagnostic Imaging	~	V								
Skilled Nursing Facility	~	~								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓	•								
Outpatient Surgery Physician/Surgical Services	~	~								
Drugs	☐ All	☐ All			☐ All	All			☐ All	All
Generics	✓	✓								
Preferred Brand Drugs	~	~								
Non-Preferred Brand Drugs	~	~								
Specialty Drugs (i.e. high-cost)	~	~								
Options for Additional Benefit Design Limits:			Plan Description	n:						
				2021 HDHP						
				Plan CSR						
				Variations - 150) -					
				200% FPL						
Set a Maximum on Specialty Rx Coinsurance Payments?	1		Name:	(87% AV)						
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:							
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:							
# Days (1-10):			AVC Version:	2021_1j						
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
#Copays (1-10):]								
Output										
Calculate										
Status/Error Messages:		(150-200% FPL),	Calculation Succe	essful.						
Actuarial Value:	87.98%									
Metal Tier:	Gold									

0.1367 seconds



6. Silver HDHP - Embedded MOOP CSR - 87%, Continued

HDHP Model – Normalization:

Inputs						
Enter valu	es in the blue cells	below, choose a	setting option fro	m the drop down	box, and press 'Calc	ulate'.
Press 'Ca	ılculate' anytime a	ın input or dropdo	own selection is ch	nanged.		
Note th	at the model run-	time will vary bas	sed on the compu	ters processing sp	eed.	
A mess	age box will appe	ar to indicate tha	t the calculations	are done.		
		Medical	Rx			
	idual Deductible	1,400	1,400			
F	amily Deductible	2,800	2,800			
Individu	ıal Out-of-Pocket	1,400	1,400			
Fam	ily Out-of-Pocket	2,800	2,800			
Coinsura	nce (50% or Less)	0%	0%			
Individual E	mbedded Moop:	8,550				
		Co	osts that Accumul	ate		
			C	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5
		Calcula	te.			
		Culculu				
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$489.60	\$117.40	\$606.99		
	Plan PMPM	\$430.02	\$103.99	\$534.01		
	Actuarial Value	87.8%	88.6%	87.98%		



7. Silver HDHP – Embedded MOOP CSR – 87%, Continued

HDHP Model – Adjusted Actuarial Value:

				1		
Inputs						
Enter valu	es in the blue cells	below, choose a s	setting option from	n the drop down l	box, and press 'Calc	ulate'.
Press 'Ca	ılculate' anytime a	n input or dropdo	wn selection is ch	anged.		
Note th	nat the model run-	time will vary bas	ed on the comput	ers processing spe	ed.	
A mess	age box will appe	ar to indicate that	the calculations of	re done.		
		Medical	Rx			
Indiv	vidual Deductible	1,400	1,400			
F	amily Deductible	2,800	2,800			
Individu	ual Out-of-Pocket	1,400	1,400			
Fam	ily Out-of-Pocket	2,800	2,800			
Coinsura	nce (50% or Less)	0%	0%			
Individual E	Embedded Moop:	8,550				
		Co	osts that Accumula	ate		
			0	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	6
		Calculat	:e 			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$489.60	\$117.40	\$606.99		
	Plan PMPM		\$103.45	\$531.05		
	Actuarial Value	87.3%	88.1%	87.49%		



7. Silver HDHP - Embedded MOOP CSR - 94%

AV from AVC = 93.8%

Adjusted AV = 93.7%

AVC Screen Shot:

Use Integrated Medical and Drug Deductible?

User Inputs for Plan Parameters

ose integrated integral and brug beddetible.			non options		110	icu itc twoik o	Juon			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?		Tiered	Network Plan?				
Apply Skilled Nursing Facility Copay per Day?						Tier Utilization:	100%			
		Annual Contril	bution Amount:	\$0.00						
Use Separate MOOP for Medical and Drug Spending?					Znd	Tier Utilization:	0%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier	Platinum ▼									
	Tier	1 Plan Benefit De	sign	1	Tier	2 Plan Benefit I)esign			
	Medical	Drug	Combined	1	Medical		Combined			
	ivieuicai	Drug		-	ivieuicai	Drug	Combined			
Deductible (\$)			\$550.00							
Coinsurance (%, Insurer's Cost Share)			100.00%							
MOOP (\$)			\$550.00	1						
MOOP if Separate (\$)		I	,	1						
Woor it separate (3)							l			
Click Here for Important Instructions		Tie	r1			Ti	er 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay applie	s only after
Type of Benefit	Deductible?	Coinsurance?	different	separate		Coinsurance?		separate	deduc	
** " '		□ All	unierent	separate	All	All	uniterent	3e parate	□ All	All
Medical	☐ All									
mergency Room Services	V	~								
All Inpatient Hospital Services (inc. MH/SUD)	~	~								
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and										
	✓	✓								
(-rays)						<u></u>				
pecialist Visit	~	~								
Mental/Behavioral Health and Substance Use Disorder Outpatient										
ervices	~	~								
	V	₹								
maging (CT/PET Scans, MRIs)										
peech Therapy	~	~								
	✓	~								
Occupational and Physical Therapy	_	•								
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
			100/6	\$0.00		H	100%	\$0.00		
aboratory Outpatient and Professional Services	<u> </u>	<u> </u>								
(-rays and Diagnostic Imaging	V	✓								
killed Nursing Facility	~	✓								
,										
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	~	✓								
Outpatient Surgery Physician/Surgical Services	V	~								
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	~	~								
	V	✓				ä				
Preferred Brand Drugs										
Non-Preferred Brand Drugs	~	~								
pecialty Drugs (i.e. high-cost)	✓	✓								
Options for Additional Benefit Design Limits:			Plan Description							
perons for Additional Deficite Design Limits.		1	r iaii beseription							
				2021 HDHP						
				Plan CSR						
				Variations - 133	-					
				150% FPL (94%						
Set - Marrianna en Secrielto Bu Ceinanna a Barranta			Name							
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	AV)						
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:							
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:							
# Days (1-10):			AVC Version:	2021_1j						
Begin Primary Care Cost-Sharing After a Set Number of Visits?		1		_ ,						
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
#Copays (1-10):										
		1								
Dutput										
Calculate										
itatus/Error Messages:	CSR Level of 94%	(100-150% FPL),	Calculation Succes	ssful.						
	93.76%									
Metal Tier:	Platinum									
Additional Notes:										
Salandaria - Waran	0.1200 '									
	0.1289 seconds									
Oraft 2021 AV Calculator										

HSA/HRA Options

Tiered Network Option



7. Silver HDHP - Embedded MOOP CSR - 94%, Continued

HDHP Model – Normalization:

Inputs					
Enter values in the blue cells	below, choose a s	setting option fror	m the drop down i	box, and press 'Cal	culate'.
Press 'Calculate' anytime d	n input or dropdo	wn selection is ch	anged.		
Note that the model run-	-time will vary bas	ed on the comput	ers processing spe	eed.	
A message box will appe	ar to indicate that	the calculations o	re done.		
	Medical	Rx			
Individual Deductible	550	550			
Family Deductible	1,100	1,100			
Individual Out-of-Pocket	550	550			
Family Out-of-Pocket	1,100	1,100			
Coinsurance (50% or Less)	0%	0%			
Individual Embedded Moop:	8,550				
	Co	sts that Accumula	ate		
		0	OP	Deductible /	
	Deductible	Medical	Rx	OOP Type	
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5
	Calculat	e			
Results					
	Medical	Rx	Total		
Allowed PMPM	\$415.23	\$99.56	\$514.80		
Plan PMPM	\$389.34	\$93.36	\$482.70		
Actuarial Value	93.8%	93.8%	93.76%		



8. Silver HDHP – Embedded MOOP CSR – 94%, Continued

HDHP Model – Adjusted Actuarial Value:

Inputs						
Enter valu	es in the blue cells	below, choose a	setting option fro	m the drop down	box, and press 'Calcul	ate'.
Press 'Co	alculate' anytime d	ın input or dropdo	own selection is ch	anged.		
Note th	hat the model run-	time will vary bas	ed on the compu	ters processing sp	eed.	
A mess	age box will appe	ar to indicate that	t the calculations	are done.		
		Medical	Rx			
	vidual Deductible	550	550			
F	amily Deductible	1,100	1,100			
Individ	ual Out-of-Pocket	550	550			
Fam	ily Out-of-Pocket	1,100	1,100			
Coinsura	nce (50% or Less)	0%	0%			
Individual I	Embedded Moop:	8,550				
		Co	sts that Accumul	ate		
			0	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	
		Calculat	-			
		Calculat				
Results						
		Medical	Rx	Total		
	Allowed PMPM		\$99.56	\$514.80		
	Plan PMPM		\$93.26	\$482.45		
	Actuarial Value	93.7%	93.7%	93.72%		



8. Silver Deductible CSR – 73%

AV from AVC = 73.1%

Adjustments

Calculation Time:

• HDHP Model with drug adjustments / HDHP Model without drug adjustments = 68.11%/67.35% = 1.011 x 73.1% = 74.0%

Adjusted AV = 74.0% AVC Screen Shot:

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?			HSA/HRA Option:	s	Tie	red Network C	Option			
Apply Inpatient Copay per Day?			yer Contribution		Tiered	Network Plan	2 🗆			
Apply Skilled Nursing Facility Copay per Day?		Annual Contrib	bution Amount:	\$0.00	1st	Tier Utilization	: 100%			
Use Separate MOOP for Medical and Drug Spending?		Alliluai Colitili	bution Amount.	\$0.00	2nd ¹	Tier Utilization	: 0%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier				_						
		1 Plan Benefit De				2 Plan Benefit				
	Medical	Drug	Combined	-	Medical	Drug	Combined			
Deductible (\$)	\$3,100.00	\$350.00								
Coinsurance (%, Insurer's Cost Share)		50.00%		-			_			
MOOP (\$)		50.00		_						
MOOP if Separate (\$)										
Click Here for Important Instructions		Tie	er 1			Т	ier 2		Tier 1	Tier 2
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different		Subject to	Subject to Coinsurance?	Coinsurance, if different	Copay, if	Copay applie deduct	
Medical		□ All	different	separate	All	All	different	separate	□ All	All
Emergency Room Services	▽			\$250.00						
All Inpatient Hospital Services (inc. MH/SUD)	✓			\$250.00						
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and										
X-rays)				\$35.00						
Specialist Visit				\$70.00						
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$35.00						
Services				\$35.00						
Imaging (CT/PET Scans, MRIs)	Y	~								
Speech Therapy				\$70.00						
				\$40.00						
Occupational and Physical Therapy		П	100%	\$0.00			1000/	\$0.00		
Preventive Care/Screening/Immunization	☑	<u> </u>	100%	\$0.00		R	100%	\$0.00		
Laboratory Outpatient and Professional Services	<u> </u>	<u> </u>								
X-rays and Diagnostic Imaging Skilled Nursing Facility	<u> </u>	<u> </u>				H				H
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓	~								
Outpatient Surgery Physician/Surgical Services	~	~								
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics				\$12.00						
Preferred Brand Drugs	~			\$60.00					~	
Non-Preferred Brand Drugs	~	~								
Specialty Drugs (i.e. high-cost)	~	~								
Options for Additional Benefit Design Limits:			Plan Description							
				2021						
				Deductible						
				Plan CSR						
				Variations - 250						
				300% FPL						
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	(73% AV)						
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:							
Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10):			Issuer HIOS ID: AVC Version:	2021_1j						
Begin Primary Care Cost-Sharing After a Set Number of Visits?			AVC Version:	2021_1j						
#Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of	П									
Copays?										
#Copays (1-10):										
Output										
Calculate										
Status/Error Messages:	CSR Level of 73%	(200-250% FPL), (Calculation Succe	ssful.						
Actuarial Value:	73.14%									
Metal Tier:	Silver									
	NOTE: Office-visi	t-specific cost-sh	aring is applying	to x-rays in office	settings.					
Additional Notes:										

0.0625 seconds



9. Silver Deductible CSR – 73%, Continued

HDHP Model – Without Prescription Drug Adjustments:

Inputs						
Enter valu	es in the blue cells	below, choose a s	setting option fro	m the drop down	box, and press 'Ca	lculate'.
Press 'Ca	ılculate' anytime a	n input or dropdo	own selection is ch	anged.		
Note th	at the model run-	time will vary bas	ed on the comput	ers processing sp	eed.	
A mess	age box will appe	ar to indicate that	t the calculations o	are done.		
		N 4 - 1'1	D.			
		Medical	Rx			
	/idual Deductible	3,100	350			
	amily Deductible	6,200	700			
	ıal Out-of-Pocket	•	6,750			
Fam	ily Out-of-Pocket	13,500	13,500			
Coinsura	nce (50% or Less)	42%	31%			
Individual E	mbedded Moop:	8,550				
		Co	sts that Accumul	ate		
			0	OP	Deductible /	
		De ductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5
		Calculat	te			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$435.09	\$104.33	\$539.42		
	Plan PMPM	\$280.83	\$82.48	\$363.31		
	Actuarial Value	64.5%	79.1%	67.35%		



9. Silver Deductible CSR - 73%, Continued

HDHP Model – With Prescription Drug Adjustments:

Innute						
Inputs						
Enter valu	es in the blue cells	below, choose a	setting option fro	m the drop down	box, and press 'Calculo	ite'.
Press 'Co	alculate' anytime d	ın input or dropdo	own selection is ch	anged.		
	hat the model run-	•			eed.	
A mess	age box will appe	ar to indicate that	t the calculations of	are done.		
		Medical	Rx			
المطان	 vidual Deductible		350			
	Family Deductible	3,100 6,200	700			
	· ·					
	ual Out-of-Pocket	•	1,250			
	ily Out-of-Pocket	-	2,500			
Coinsura	nce (50% or Less)	42%	31%			
Individual E	Embedded Moop:	8,550				
		Co	osts that Accumul	ate		
			0	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Rx Only	Stacked	2
		Calculat	te			
Results						
		Medical	Rx	Total		
	Allowed PMPM	· '	\$104.33	\$539.42		
	Plan PMPM	\$277.96	\$89.44	\$367.40		
	Actuarial Value	63.9%	85.7%	68.11%		



9. Silver Deductible CSR – 77%

AV from AVC = 77.4%

Adjustments

 HDHP Model with drug adjustments / HDHP Model without drug adjustments = 73.0%/72.46% = 1.007 x .774 = 78.0%

Adjusted AV = 78.0%

AVC Screen Shot:

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?			HSA/HRA Options			red Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Employ	yer Contribution?			Network Plan?	1000/			
Apply Skilled Nursing Facility Copay per Day? Use Separate MOOP for Medical and Drug Spending?		Annual Contrib	oution Amount:	\$0.00		ier Utilization: ier Utilization:	100% 0%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?					Ziiu i	ier ounzation.	0%			
Desired Metal Tier										
		1 Plan Benefit De	esign	1	Tier	2 Plan Benefit [Design			
	Medical	Drug	Combined	1	Medical	Drug	Combined			
Deductible (\$)	\$2,600.00	\$300.00		1						
Coinsurance (%, Insurer's Cost Share)	50.00%	50.00%								
MOOP (\$)	\$6,1	00.00								
MOOP if Separate (\$)			J				l			
Click Here for Important Instructions		Tie	r1		1	Ti	er 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to		Coinsurance, if	Copay, if	Copay applie	
Type of Benefit	Deductible?	Coinsurance?	different	separate		Coinsurance?	different	separate	deduc	
Medical	☐ All	☐ All			☐ All	All			☐ All	☐ All
Emergency Room Services	~			\$250.00					Y	
All Inpatient Hospital Services (inc. MH/SUD)	V	~								
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				\$25.00						
X-rays)										
Specialist Visit				\$50.00						
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$25.00						
Services Imaging (CT/PET Scans, MRIs)	V	V								
Speech Therapy				\$50.00						
opecal metapy										
Occupational and Physical Therapy				\$30.00						
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	V	~								
X-rays and Diagnostic Imaging	~	<u> </u>								
Skilled Nursing Facility	V	✓								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓	~								
Outpatient Surgery Physician/Surgical Services	~	~								
Drugs	□ All	□ All			□ All	□ All			□ All	□ All
Generics				\$12.00						
Preferred Brand Drugs	V			\$60.00					Y	
Non-Preferred Brand Drugs	V	V								
Specialty Drugs (i.e. high-cost)	V	V								
Options for Additional Benefit Design Limits:		1	Plan Description							
				2021						
				Deductible Plan CSR						
				Variations - 200						
				250% FPL (77%						
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	AV)						
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:							
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:							
# Days (1-10):			AVC Version:	2021_1j						
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
#Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?										
#Copays (1-10):										
Output		1								
Calculate										
	Error: Result is o	utside of +/- 1 per	cent de minimis	variation for CSR	s.					
	77.40%									
Metal Tier:										
	NOTE: Office-vis	it-specific cost-sh	aring is applying	to x-rays in office	e settings.					
Additional Notes:										
Colorlation Trans	0.425									
Calculation Time:	0.125 seconds									

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10. Silver Deductible CSR – 77%, Continued

HDHP Model – Without Prescription Drug Adjustments:

Inputs						
Enter valu	es in the blue cells	below, choose a	setting option fro	m the drop down	box, and press 'Calculo	ate'.
	alculate' anytime a			•		
Note th	hat the model run-	time will vary bas	ed on the comput	ters processing sp	eed.	
A mess	sage box will appe	ar to indicate that	t the calculations o	are done.		
		Medical	Rx			
Indi	vidual Deductible	2,600	300			
F	amily Deductible	5,200	600			
Individ	ual Out-of-Pocket	6,100	6,100			
Fam	nily Out-of-Pocket	12,200	12,200			
Coinsura	ance (50% or Less)	41%	26%			
Individual I	Embedded Moop:	8,550				
		Co	sts that Accumul	ate		
			0	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	į
		Calculat	te			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$511.77	\$122.71	\$634.48		
	Plan PMPM	\$357.42	\$102.33	\$459.75		
	Actuarial Value	69.8%	83.4%	72.46%		



10. Silver Deductible CSR - 77%, Continued

HDHP Model – With Prescription Drug Adjustments:

Inputs						
Enter valu	ies in the blue cells	below, choose a	setting option fro	m the drop down	box, and press 'Calculo	ate'.
	alculate' anytime d			•	,	
Note th	hat the model run	time will vary bas	sed on the compu	ters processing sp	eed.	
A mess	sage box will appe	ar to indicate that	t the calculations (are done.		
		Medical	Rx			
	vidual Deductible	2,600	300			
F	amily Deductible	5,200	600			
Individu	ual Out-of-Pocket	6,100	1,100			
Fam	ily Out-of-Pocket	12,200	2,200			
Coinsura	ance (50% or Less)	41%	26%			
Individual I	Embedded Moop:	8,550				
		Co	osts that Accumul	ate		
			0	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Rx Only	Stacked	2
		Calculat	-			
		Calculat				
Results						
		NA odi od	Dv	Tatal		
	Allowed PMPM	Medical \$511.77	Rx \$122.71	Total \$634.48		
	Plan PMPM		\$122.71	\$463.16		
		,		·		
	Actuarial Value	69.3%	88.6%	73.00%		



10. Silver Deductible CSR – 87%

AV from AVC = 87.7%

Adjustments

• HDHP Model with drug adjustments / HDHP Model without drug adjustments = 85.15%/84.92% = 1.003 x .877= 88.0%

Adjusted AV = 88.0%

AVC Screen Shot:

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?			HSA/HRA Options			red Network Op	tion			
Apply Inpatient Copay per Day?		HSA/HRA Employ	yer Contribution?			Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contrib	oution Amount:	\$0.00		Tier Utilization:	100%			
Use Separate MOOP for Medical and Drug Spending?					2nd	Fier Utilization:	0%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard? Desired Metal Tier	Gold -									
Desired Metal Her		1 Plan Benefit De	sign	1	Tier	2 Plan Benefit D	esign			
	Medical	Drug	Combined	1	Medical	Drug	Combined			
Deductible (\$)	\$1,100.00	\$200.00		1						
Coinsurance (%, Insurer's Cost Share)	60.00%	50.00%								
MOOP (\$)	\$2,2	00.00								
MOOP if Separate (\$)										
Click Here for Important Instructions	6.11	Subject to			6.11-11-	Tie			Tier 1	Tier 2
Type of Benefit	Subject to Deductible?	Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applie deduct	
Medical	□ All	□ All	uniciciit	Jeparate	All	All	unrerent	separate	☐ All	All
Emergency Room Services	V			\$250.00					✓	
All Inpatient Hospital Services (inc. MH/SUD)	~	~								
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				4					_	
X-rays)				\$10.00						
Specialist Visit				\$30.00						
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$10.00						
Services				\$10.00						
Imaging (CT/PET Scans, MRIs)	>	✓								
Speech Therapy				\$30.00						
				\$12.00						
Occupational and Physical Therapy										
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	V	✓								
X-rays and Diagnostic Imaging	<u> </u>	<u> </u>								
Skilled Nursing Facility	Y	✓								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	~	✓								
Outpatient Surgery Physician/Surgical Services	V	✓								
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics				\$10.00						
Preferred Brand Drugs	V			\$50.00					V	
Non-Preferred Brand Drugs	~	~								
Specialty Drugs (i.e. high-cost)	>	~								
Options for Additional Benefit Design Limits:			Plan Description							
				2021						
				Deductible						
				Plan CSR						
				Variations - 150 200% FPL	•					
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	(87% AV)						
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	(87% AV)						
Set a Maximum Number of Days for Charging an IP Copay?	П	1	Issuer HIOS ID:							
# Days (1-10):			AVC Version:	2021 1j						
Begin Primary Care Cost-Sharing After a Set Number of Visits?		1								
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of		1								
Copays?										
#Copays (1-10):										
Output										
Calculate										
		(150-200% FPL), (Calculation Succe	ssful.						
	87.73%									
	Gold		antona ta anno la C							
	NOTE: Office-vis	it-specific cost-sh	aring is applying	to x-rays in office	settings.					
Additional Notes:										
Coloniation Times	0.0050									

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11. Silver Deductible CSR - 87%, Continued

HDHP Model – Without Prescription Drug Adjustments:

Inputs						
Enter valu	es in the blue cells	below, choose a	setting option fro	m the drop down	box, and press 'Calcul	ate'.
Press 'Co	alculate' anytime d	ın input or dropdo	own selection is ch	anged.		
Note th	hat the model run-	time will vary bas	ed on the comput	ers processing sp	eed.	
A mess	age box will appe	ar to indicate that	the calculations of	are done.		
		Medical	Rx			
Individual Deductibl		1,100	200			
F	amily Deductible	2,200	400			
Individu	ual Out-of-Pocket	2,200	2,200			
Fam	ily Out-of-Pocket	4,400	4,400			
Coinsura	nce (50% or Less)	31%	25%			
Individual E	Embedded Moop:	8,550				
		Co	sts that Accumul	ate		
			0	OP	Deductible /	
		De ductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5
		Calculat				
		Calculat	le			
Results						
		Medical	Rx	Total		
	Allowed PMPM		\$117.40	\$606.99		
	Plan PMPM		\$105.22	\$515.45		
	Actuarial Value	83.8%	89.6%	84.92%		
	- I Security Funds	20.073	55.575	0.110.270		



11. Silver Deductible CSR - 87%, Continued

HDHP Model – With Prescription Drug Adjustments:

_						
Inputs						
Enter valu	ies in the blue cells	below, choose a	setting option fro	m the drop down i	box, and press 'Calculo	ite'.
	alculate' anytime d					
Note th	hat the model run	time will vary bas	ed on the comput	ers processing spe	eed.	
A mess	sage box will appe	ar to indicate that	t the calculations o	are done.		
		Medical	Rx			
	vidual Deductible	1,100	200			
F	amily Deductible	2,200	400			
Individu	ual Out-of-Pocket	2,200	450			
Fam	ily Out-of-Pocket	4,400	900			
Coinsura	ance (50% or Less)	31%	25%			
Individual I	Embedded Moop:	8,550				
		Co	sts that Accumul	ate		
			0	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Rx Only	Stacked	2
		Calculat				
		Calculat				
Results						
		Medical	Rx	Total		
	Allowed PMPM		\$117.40	Total \$606.99		
	Plan PMPM		\$117.40	\$516.88		
	Actuarial Value	83.3%	93.0%	85.15%		



12. Silver Deductible CSR – 94%

AV from AVC = 94.7%

Adjustments

• HDHP Model with drug adjustments / HDHP Model without drug adjustments = 94.62%/94.47% = 1.002 x .947 = 94.8%

Adjusted AV = 94.8%

AVC Screen Shot:

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?		ı	HSA/HRA Option	s	Tie	red Network Op	otion			
Apply Inpatient Copay per Day?		HSA/HRA Employ	er Contribution	? 🗌	Tiered	Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contrib	ution Amount:	\$0.00		Fier Utilization:	100%			
Use Separate MOOP for Medical and Drug Spending?		7 tilliddi Collena	action / timount.	\$0.00	2nd ¹	Fier Utilization:	0%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	V									
Desired Metal Tier	Platinum 🔻	4.01	-•	1		201				
	Medical	1 Plan Benefit De Drug	Combined		Medical	2 Plan Benefit Drug	Combined			
Deductible (\$)	\$200.00	\$0.00	Combined	-	iviedicai	Drug	Combined			
Coinsurance (%, Insurer's Cost Share)	90.00%	70.00%								
MOOP (\$)		0.00								
MOOP if Separate (\$)										
		•	•							
Click Here for Important Instructions		Tie					er 2		Tier 1	Tier 2
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different		Subject to	Subject to Coinsurance?	Coinsurance, if different	Copay, if		es only after ctible?
Medical	All	All	different	separate	All	All	different	separate	☐ Al	All
Emergency Room Services				\$75.00						
All Inpatient Hospital Services (inc. MH/SUD)	V	V							- i	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and								-		
X-rays)				\$5.00						
Specialist Visit				\$15.00						
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$5.00	П					
Services				\$5.00						
Imaging (CT/PET Scans, MRIs)	V	V			Ш					
Speech Therapy				\$15.00						
				\$6.00						
Occupational and Physical Therapy			100%	÷0.00			4000/	÷0.00		
Preventive Care/Screening/Immunization	V		100%	\$0.00	H	H	100%	\$0.00	П	
Laboratory Outpatient and Professional Services X-rays and Diagnostic Imaging	V	V			H	ä				
Skilled Nursing Facility	V	V			ā	ä			ä	Ī
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	V	✓								
Outpatient Surgery Physician/Surgical Services	V	~								
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	All
Generics				\$5.00						
Preferred Brand Drugs				\$20.00						
Non-Preferred Brand Drugs		Z								
Specialty Drugs (i.e. high-cost)		V								
Options for Additional Benefit Design Limits:		1	Plan Description	1: 2022						
				Deductible						
				Plan CSR						
				Variations - 133						
				150% FPL						
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	(94% AV)						
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:							
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:							
# Days (1-10):			AVC Version:	2022_1b						
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):	_									
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays? # Copays (1-10):										
Output # Copays (1-10):		1								
Calculate										
Status/Error Messages:	CSR Level of 94%	(100-150% FPL), C	Calculation Succe	ssful.						
Actuarial Value:	94.69%									
Metal Tier:	Platinum									
	NOTE: Office-vis	it-specific cost-sh	aring is applying	to x-rays in office	settings.					
Additional Notes:										
Calculation Time:	0.293 seconds									



Silver Deductible CSR - 94%, Continued

HDHP Model – Without Prescription Drug Adjustments:

Inputs						
Enter valu	es in the blue cells	below, choose a	setting option fro	m the drop down	box, and press 'Calc	ulate'.
Press 'Ca	alculate' anytime a	n input or dropdo	own selection is ch	anged.		
Note th	nat the model run-	time will vary bas	sed on the comput	ters processing sp	eed.	
A mess	age box will appe	ar to indicate tha	t the calculations o	are done.		
		Medical	Rx			
	vidual Deductible	200	0			
F	amily Deductible	400	0			
Individu	ual Out-of-Pocket	900	900			
Fam	ily Out-of-Pocket	1,800	1,800			
Coinsura	nce (50% or Less)	8%	15%			
Individual E	mbedded Moop:	8,550				
		Co	osts that Accumul	ate		
			0	OP	Deductible /	
		De ductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5
		Calcula	te			
Results						
resuits						
		Medical	Rx	Total		
	Allowed PMPM	\$415.23	\$99.56	\$514.80		
	Plan PMPM	\$391.69	\$94.63	\$486.32		
	Actuarial Value	94.3%	95.0%	94.47%		



12. Silver Deductible CSR - 94%, Continued

HDHP Model – With Prescription Drug Adjustments:

Inputs						
Enter valu	es in the blue cells	below, choose a	setting option fro	m the drop down	box, and press 'Calculo	ate'.
Press 'Ca	ılculate' anytime d	ın input or dropdo	own selection is ch	anged.		
Note th	nat the model run-	time will vary bas	ed on the comput	ers processing sp	eed.	
A mess	age box will appe	ar to indicate that	the calculations of	are done.		
		Medical	Rx			
Indiv	vidual Deductible	200	0			
F	amily Deductible	400	0			
Individu	ual Out-of-Pocket	900	200			
Fam	ily Out-of-Pocket	1,800	400			
Coinsura	ince (50% or Less)	8%	15%			
Individual E	mbedded Moop:	8,550				
		Co	sts that Accumul	ate		
			0	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Rx Only	Stacked	2
		Calculat	-			
		Calculat				
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$415.23	\$99.56	\$514.80		
	Plan PMPM	\$390.85	\$96.26	\$487.11		
	Actuarial Value	94.1%	96.7%	94.62%		



Appendix H – HDHP Plan Designs with \$1,450 Minimum Deductible

The plan designs included in Appendix H will replace those included above only if the 2022 HDHP minimum deductible increases to \$1,450 **HDHP Plan Designs**

_	nune elan besigns	
Deductible/OOP Max	Silver	Bronze
Type of Plan	HSA Q/HDHP	HSA Q/HDHP
Medical Ded	\$1,850	\$5,700
Rx Ded	\$1,450	\$1, 450
Integrated Ded	Yes	Yes
Medical MOOP	\$6,900	\$7,100
Rx MOOP	\$1, 450	\$1, 450
Integrated MOOP	Yes	Rx -No, Medical - Yes
Family Deductible / OOP	Aggregate with Combined Medical/Rx embedded \$9,100 Single OOPM; 2x Individual	Aggregate with Combined Medical/Rx embedded \$9,100 Single OOPM; 2x Individual
Medical Deductible waived for:	Preventive	Preventive
Drug Deductible waived for:	Wellness scripts	Wellness scripts
Service Category	Copay / Coinsurance	Copay / Coinsurance
Inpatient	30%	50%
Outpatient	30%	50%
ER	30%	50%
Radiology (MRI, CT, PET)	30%	50%
Preventive	0%	0%
PCP Office Visit	10%	50%
MH/SA Office Visit	10%	50%
Specialist Office Visit	30%	50%
Chiropractic	30%	50%
Physical Therapy	30%	50%
Urgent Care	30%	50%
Ambulance	30%	50%
Rx Generic	\$10	\$12
Rx Preferred Brand	\$40	40%
Rx Non-Preferred Brand	50%	60%_
Rx Specialty	50%	60%
Actuarial Value		
2022 Federal AVC, Adjusted if Necessary	70.7%	63.1%



The plan designs included in Appendix H will replace those included above only if the 2022 HDHP minimum deductible increases to \$1,450

HDHP Plan Designs - Cost Sharing Reduction Plans

Higher Flatt Designs - Cost Sharing Reduction Flatts												
Deductible/OOP Max	70% AV Silver	250-300% FPL (73% AV)	200-250% FPL (77% AV)	150-200% FPL (87% AV)	133-150% FPL (94% AV)							
Type of Plan	HSA Q/HDHP	HSA Q/HDHP	HSA Q/HDHP	HSA Q/HDHP	Deductible (NOT HSAQ)							
Medical Ded	\$1,850	\$1,750	\$1,600	\$1,450	\$550							
Rx Ded	\$1,400	\$1,450	\$1,450	N/A	N/A							
Integrated Ded	Yes	Yes	Yes	Yes	Yes							
Medical MOOP	\$6,900	\$5,200	\$4,400	\$1,450	\$550							
Rx MOOP	\$1,400	\$1,450	\$1,450	N/A	N/A							
Integrated MOOP	Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Yes	Yes							
Family Deductible / OOP	Aggregate with Combined Medical/Rx embedded \$9,100 Single OOPM; 2x Individual	Aggregate with Combined Medical/Rx embedded \$9,100 Single OOPM; 2x Individual	Aggregate with Combined Medical/Rx embedded \$9,100 Single OOPM; 2x Individual	Aggregate, 2x Individual	Aggregate, 2x Individual							
Medical Deductible waived for:	Preventive	Preventive	Preventive	Preventive	Preventive							
Drug Deductible waived for:	Wellness scripts	Wellness scripts	Wellness scripts	Wellness scripts	Wellness scripts							
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay /							
on the outlogory	oopay, oomoaranoo	oopay / comsulance	Copay / Comsurance	copay / comsurance	Coinsurance							
Inpatient	30%	25%	25%	0%	Coinsurance 0%							
Inpatient Outpatient			• •									
Inpatient	30%	25%	25%	0%	0%							
Inpatient Outpatient	30% 30%	25% 25%	25% 25%	0% 0%	0% 0%							
Inpatient Outpatient ER Radiology (MRI, CT, PET) Preventive	30% 30% 30%	25% 25% 25%	25% 25% 25%	0% 0% 0%	0% 0% 0%							
Inpatient Outpatient ER Radiology (MRI, CT, PET)	30% 30% 30% 30%	25% 25% 25% 25%	25% 25% 25% 25%	0% 0% 0% 0%	0% 0% 0% 0%							
Inpatient Outpatient ER Radiology (MRI, CT, PET) Preventive	30% 30% 30% 30% 0%	25% 25% 25% 25% 25% 0%	25% 25% 25% 25% 0%	0% 0% 0% 0% 0%	0% 0% 0% 0% 0%							
Inpatient Outpatient ER Radiology (MRI, CT, PET) Preventive PCP Office Visit	30% 30% 30% 30% 0% 10%	25% 25% 25% 25% 25% 0% 10%	25% 25% 25% 25% 25% 0% 10%	0% 0% 0% 0% 0% 0%	0% 0% 0% 0% 0% 0%							
Inpatient Outpatient ER Radiology (MRI, CT, PET) Preventive PCP Office Visit MH/SA Office Visit	30% 30% 30% 30% 30% 0% 10%	25% 25% 25% 25% 25% 0% 10% 10%	25% 25% 25% 25% 25% 0% 10% 10%	0% 0% 0% 0% 0% 0% 0%	0% 0% 0% 0% 0% 0% 0%							
Inpatient Outpatient ER Radiology (MRI, CT, PET) Preventive PCP Office Visit MH/SA Office Visit Specialist Office Visit	30% 30% 30% 30% 0% 10% 10% 30%	25% 25% 25% 25% 0% 10% 10% 25%	25% 25% 25% 25% 0% 10% 10% 25%	0% 0% 0% 0% 0% 0% 0%	0% 0% 0% 0% 0% 0% 0%							
Inpatient Outpatient ER Radiology (MRI, CT, PET) Preventive PCP Office Visit MH/SA Office Visit Specialist Office Visit Chiropractic/Physical Therapy	30% 30% 30% 30% 0% 10% 10% 30% 30%	25% 25% 25% 25% 0% 10% 10% 25% 25%	25% 25% 25% 25% 0% 10% 10% 25% 25%	0% 0% 0% 0% 0% 0% 0% 0%	0% 0% 0% 0% 0% 0% 0% 0%							
Inpatient Outpatient ER Radiology (MRI, CT, PET) Preventive PCP Office Visit MH/SA Office Visit Specialist Office Visit Chiropractic/Physical Therapy Urgent Care	30% 30% 30% 30% 0% 10% 10% 30% 30% 30%	25% 25% 25% 25% 0% 10% 10% 25% 25% 25% 25%	25% 25% 25% 25% 0% 10% 10% 25% 25% 25% 25%	0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0%	0% 0% 0% 0% 0% 0% 0% 0%							
Inpatient Outpatient ER Radiology (MRI, CT, PET) Preventive PCP Office Visit MH/SA Office Visit Specialist Office Visit Chiropractic/Physical Therapy Urgent Care Ambulance	30% 30% 30% 30% 0% 10% 10% 30% 30% 30% 30% 30% 30% 340% \$10	25% 25% 25% 25% 0% 10% 10% 25% 25% 25% 25%	25% 25% 25% 25% 0% 10% 10% 25% 25% 25% 25%	0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0	0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0							
Inpatient Outpatient ER Radiology (MRI, CT, PET) Preventive PCP Office Visit MH/SA Office Visit Specialist Office Visit Chiropractic/Physical Therapy Urgent Care Ambulance Rx Generic	30% 30% 30% 30% 0% 10% 10% 30% 30% 30% 30%	25% 25% 25% 25% 0% 10% 10% 25% 25% 25% 25% 35% 25% 310	25% 25% 25% 25% 0% 10% 10% 25% 25% 25% 25% 310	0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0	0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0							
Inpatient Outpatient ER Radiology (MRI, CT, PET) Preventive PCP Office Visit MH/SA Office Visit Specialist Office Visit Chiropractic/Physical Therapy Urgent Care Ambulance Rx Generic Rx Preferred Brand	30% 30% 30% 30% 0% 10% 10% 30% 30% 30% 30% 30% 30% 340% \$10	25% 25% 25% 25% 0% 10% 10% 25% 25% 25% 25% 310 \$40	25% 25% 25% 25% 0% 10% 10% 25% 25% 25% 25% 310 \$40	0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0	0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0							
Inpatient Outpatient ER Radiology (MRI, CT, PET) Preventive PCP Office Visit MH/SA Office Visit Specialist Office Visit Chiropractic/Physical Therapy Urgent Care Ambulance Rx Generic Rx Preferred Brand Rx Non-Preferred Brand	30% 30% 30% 30% 30% 0% 10% 10% 30% 30% 30% 30% 30% 30% 30% 50%	25% 25% 25% 25% 0% 10% 10% 25% 25% 25% 25% 310 \$40 50%	25% 25% 25% 25% 0% 10% 10% 25% 25% 25% 25% 310 \$40 50%	0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0	0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0							



HDHP Screen Shots and AV Development with Adjusted Minimum Deductible

- 1. Silver HDHP Embedded MOOP
- 2. Bronze HDHP Embedded MOOP
- 3. Silver HDHP Embedded MOOP CSR 73%
- 4. Silver HDHP Embedded MOOP CSR 77%
- 5. Silver HDHP Embedded MOOP CSR 87%

Note that no changes are required to the Silver HDHP – Embedded MOOP CSR – 94% plan should the HDHP minimum deductible increase to \$1,450.



1. Silver HDHP - Embedded MOOP

AV from AVC = 73.0%

Adjusted AV = 70.7%

AVC Screen Shot:

User Inputs for Plan Parameters							
Use Integrated Medical and Drug Deductible?	•	HSA/HRA Options			Tiered Network Option		
Apply Inpatient Copay per Day?		☐ HSA/HRA Employer Contribution?			Tiered	Network Plan?	
Apply Skilled Nursing Facility Copay per Day?		Annual Contribution Amount:		ć0.00	1st	Tier Utilization:	100%
Use Separate MOOP for Medical and Drug Spending?		Annual Contri	oution Amount:	\$0.00	2nd	Tier Utilization:	0%
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?							
Desired Metal Tier	Silver						
	Tie	r 1 Plan Benefit De	sign		Tier	2 Plan Benefit De	esign
	Tie Medical	r 1 Plan Benefit De Drug	sign Combined		Tier 2 Medical	2 Plan Benefit De Drug	esign Combined
Deductible (\$)							
Deductible (\$) Coinsurance (%, Insurer's Cost Share)			Combined				
			Combined \$1,850.00				

Click Here for Important Instructions		Tie	r1			Ti	er 2		Tier 1	Tier 2
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only	y after deductible?
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	•	~								
All Inpatient Hospital Services (inc. MH/SUD)	V	~								
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	✓	V	90%			-				
Specialist Visit	✓	✓								
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	>	V	90%			_				_
Imaging (CT/PET Scans, MRIs)	✓	✓								
Speech Therapy	₹	✓								
Occupational and Physical Therapy	•	V								
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	✓	~								
X-rays and Diagnostic Imaging	✓	~								
Skilled Nursing Facility	V	•								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	•	V								
Outpatient Surgery Physician/Surgical Services	•	V								
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	~			\$10.00					✓	
Preferred Brand Drugs	✓			\$40.00					✓	
Non-Preferred Brand Drugs	✓	✓	50%							
Specialty Drugs (i.e. high-cost)	✓	V	50%							

Options for Additional Benefit Design Limits: Plan Description: Set a Maximum on Specialty Rx Coinsurance Payments? 2022 Silver HDHP Plan Opt 3 Name: Specialty Rx Coinsurance Maximum: Set a Maximum Number of Days for Charging an IP Copay? Issuer HIOS ID: # Days (1-10): AVC Version: 2022_1b Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10): Begin Primary Care Deductible/Coinsurance After a Set Number of $\ \ \, \Box$ Copays? # Copays (1-10): Output Calculate Status/Error Messages: Error: Result is outside of [-4, +2] percent de minimis variation. Actuarial Value: 72.97% Metal Tier: NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings. Additional Notes:

0.1406 seconds

Draft 2022 AV Calculator



1. Silver HDHP – Embedded MOOP, Continued

HDHP Model – Normalization:

Inputs						
<u> </u>						
		•		e drop down box, an	d press 'Calculate'.	
	lculate' anytime an	<u> </u>				
	nat the model run-ti	·				
A mess	age box will appear	to indicate that the	e caiculations are ac	one.		
		Medical	Rx			
In	dividual Deductible	1,850	1,850			
	Family Deductible	3,700	3,700			
Indivi	dual Out-of-Pocket	6,900	6,900			
Fa	mily Out-of-Pocket	13,800	13,800			
Coinsu	rance (50% or Less)	27%	28%			
Individua	l Embedded Moop:	9,100				
		С	osts that Accumula	te		
			0	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	
		 Calculate	e			
Results						
resuits						
		Medical	Rx	Total		
	Allowed PMPM	\$431.86	\$103.55	\$535.41		
	Plan PMPM	\$314.21	\$76.63	\$390.84		
	Actuarial Value	72.8%	74.0%	73.00%		



1. Silver HDHP – Embedded MOOP, Continued

HDHP Model – Adjusted Actuarial Value:

Inputs						
Enter value	es in the blue cells b	elow, choose a set	ting option from the	e drop down box, ai	nd press 'Calculate'.	
	lculate' anytime an					
Note th	nat the model run-ti	me will vary based	on the computers p	processing speed.		
A mess	age box will appear	to indicate that the	e calculations are d			
		Medical	Rx			
In	dividual Deductible	1,850	1,450			
	Family Deductible	3,700	2,900			
Individ	dual Out-of-Pocket	6,900	1,450			
	mily Out-of-Pocket	13,800	2,900			
Coinsur	rance (50% or Less)	27%	28%			
Individua	l Embedded Moop:	9,100				
			osts that Accumula	ite		
			0	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	ε
		 Calculat	e			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$431.86	\$103.55	\$535.41		
	Plan PMPM	\$296.75	\$81.52	\$378.27		
	Actuarial Value	68.7%	78.7%	70.65%		



2. Bronze HDHP - Embedded MOOP

AV from AVC = 64.7%

Adjusted AV = 63.1%

AVC Screen Shot:

User Inputs for Plan Parameters							
Use Integrated Medical and Drug Deductible?	•		HSA/HRA Options		Tiered Network Option		
Apply Inpatient Copay per Day?		HSA/HRA Empl	oyer Contribution?		Tiered	Network Plan?	
Apply Skilled Nursing Facility Copay per Day?		Annual Contribution Amount:		\$0.00	1st	Tier Utilization:	100%
Use Separate MOOP for Medical and Drug Spending?		Annual Contrib	oution Amount:	\$0.00	2nd	Tier Utilization:	0%
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?							
Desired Metal Tier	Bronze 🔻						
	Tie	er 1 Plan Benefit De	sign		Tier 2	2 Plan Benefit D	esign
	Medical	Drug	Combined		Medical	Drug	Combined
Deductible (\$)			\$5,700.00				
Coinsurance (%, Insurer's Cost Share)			50.00%				
MOOP (\$)			\$7,100.00				•
MOOP if Separate (\$)							

Click Here for Important Instructions		Tie	er 1			Ti	ier 2		Tier 1	Tier 2
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only	after deductible?
Medical	□ All	□ All			□ All	☐ All			☐ All	☐ All
Emergency Room Services	V	V								
All Inpatient Hospital Services (inc. MH/SUD)	V	V								
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	✓	▼								•
Specialist Visit	✓	✓								
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	✓	✓								
Imaging (CT/PET Scans, MRIs)	✓	✓								
Speech Therapy	Y	•								
Occupational and Physical Therapy	✓	✓								
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	•	✓								
X-rays and Diagnostic Imaging	V	✓								
Skilled Nursing Facility	V	V								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	V	•								•
Outpatient Surgery Physician/Surgical Services	V	V								
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	V			\$12.00					V	
Preferred Brand Drugs	✓	✓	60%							
Non-Preferred Brand Drugs	V	✓	40%							
Specialty Drugs (i.e. high-cost)	V	V	40%							

Options for Additional Benefit Design Limits: Set a Maximum on Specialty Rx Coinsurance Payments? 2022 Bronze HDHP Plan Option 5 Specialty Rx Coinsurance Maximum: Plan HIOS ID: Set a Maximum Number of Days for Charging an IP Copay? □ Issuer HIOS ID: # Days (1-10): AVC Version: 2022_1b Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10): Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays (1-10): Calculate Status/Error Messages: Error: Result is outside of [-4, +2] percent de minimis variation. Actuarial Value: 64.70% Metal Tier: Additional Notes: 0.1172 seconds Calculation Time: Draft 2022 AV Calculator



2. Bronze HDHP - Embedded MOOP, Continued

HDHP Model – Normalization:

Inputs						
Enter value	es in the blue cells b	elow, choose a sett	ing option from the	e drop down box, ar	nd press 'Calculate'.	
Press 'Ca	lculate' anytime an	input or dropdown	selection is change	d.		
Note th	nat the model run-ti	me will vary based	on the computers p	processing speed.		
A messo	age box will appear	to indicate that the	calculations are d	one.		
		Medical	Rx			
In	dividual Deductible	5,700	5,700			
	Family Deductible	11,400	11,400			
Individ	dual Out-of-Pocket	7,100	7,100			
Far	mily Out-of-Pocket	14,200	14,200			
Coinsur	rance (50% or Less)	48%	48%			
Individua	l Embedded Moop:	9,100				
		С	osts that Accumula	ite		
			0	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5
		Calculat	e			
Results						
resuits						
		Medical	Rx	Total		
	Allowed PMPM	\$516.39	\$123.82	\$640.20		
	Plan PMPM	\$330.39	\$83.77	\$414.17		
	Actuarial Value	64.0%	67.7%	64.69%		



2. Bronze HDHP – Embedded MOOP, Continued

HDHP Model – Adjusted Actuarial Value:

Inputs						
Enter value	es in the blue cells b	elow, choose a sett	ting option from the	drop down box, an	d press 'Calculate'.	
Press 'Ca	lculate' anytime an	input or dropdown	selection is change	d.		
Note th	nat the model run-ti	me will vary based	on the computers p	rocessing speed.		
A mess	age box will appear	to indicate that the	e calculations are do			
		Medical	Rx			
In	dividual Deductible	5,700	1,450			
	Family Deductible	11,400	2,900			
Indivi	dual Out-of-Pocket	7,100	1,450			
Fa	mily Out-of-Pocket	14,200	2,900			
Coinsu	rance (50% or Less)	48%	48%			
Individua	l Embedded Moop:	9,100				
		С	osts that Accumula	te		
			0	ОР	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	(
		 Calculat				
		Calculat				
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$516.39	\$123.82	\$640.20		
	Plan PMPM	\$311.54	\$92.59	\$404.13		
	Actuarial Value	60.3%	74.8%	63.13%		



3. Silver HDHP – Embedded MOOP CSR – 73%

AV from AVC = 75.7%

Adjusted AV = 73.3%

AVC Screen Shot:

Use Integrated Medical and Drug Deductible?	•		HSA/HRA Options		Tie	red Network Opt	ion			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?			Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contril	bution Amount:	\$0.00		Tier Utilization:	100%			
Use Separate MOOP for Medical and Drug Spending?					2nd 1	Fier Utilization:	0%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard? Desired Metal Tier	Silver									
Desired Metal Her		1 Plan Benefit De	sign	1	Tier	2 Plan Benefit De	sign			
	Medical	Drug	Combined	1	Medical	Drug	Combined			
Deductible (\$)	- Treaten	Drug	\$1,750.00	1	- III Carear	D. u.g	Combined			
Coinsurance (%, Insurer's Cost Share)			75.00%							
MOOP (\$)			\$5,200.00	1						
MOOP if Separate (\$)				_						
Click Here for Important Instructions		Tie	-4			Tier			Tier 1	Tier 2
Click Here for important instructions	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to		oinsurance, if	Copay, if	Copay applies	
Type of Benefit	Deductible?	Coinsurance?	different	separate		Coinsurance?	different	se parate	deduct	
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	~	~								
All Inpatient Hospital Services (inc. MH/SUD)	V	V								
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and		V	90%			П				П
X-rays)	V		90%			_				
Specialist Visit	V	✓								
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	~	~	90%							
Imaging (CT/PET Scans, MRIs)	~	~								
Speech Therapy	V	~								
Occupational and Physical Therapy	<u> </u>	✓								
			100%	\$0.00			100%	\$0.00		
Preventive Care/Screening/Immunization Laboratory Outpatient and Professional Services	V		100%	30.00		H	100%	30.00		
X-rays and Diagnostic Imaging	V	✓				H				H
Skilled Nursing Facility	<u> </u>	✓								
	V	✓								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center) Outpatient Surgery Physician/Surgical Services	V	<u>v</u>								
Drugs	□ All	□ All			All	□ All			□ All	□ All
Generics	V			\$10.00					□ All	
Preferred Brand Drugs	V	<u> </u>		\$40.00		ä			V	H
Non-Preferred Brand Drugs	V	<u> </u>	50%	\$40.00						
Specialty Drugs (i.e. high-cost)	<u> </u>	✓	50%			Ä				H
Options for Additional Benefit Design Limits:			Plan Description	•						
Options for Additional benefit besign clinics.			rian bescription	2021 HDHP						
				Plan CSR						
				Variations - 250						
				300% FPL (73%						
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	AV)						
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	,,						
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:							
# Days (1-10):			AVC Version:	2021_1j						
Begin Primary Care Cost-Sharing After a Set Number of Visits?				_ /						
# Visits (1-10):	_									
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
#Copays (1-10):										
Output Calculate										
Status/Error Messages:	Error: Result is ou	itside of ±/- 1 per	rcent de minimis	variation for CSPs						
Actuarial Value:	75.69%	reside of +/- I per	cent de minimis	variation for CSRS						
Metal Tier:	, 3.03/0									
The Car Tiers	NOTE: Office-visi	t-specific cost-sh	aring is anniving	to y-rays in office	settings					
Additional Notes:		c specific cost-st	13 applying	as a ruys in office	Jetungs.					
Additional Notes:										
Calculation Time:	0.1172 seconds									
Draft 2021 AV Calculator										



3. Silver HDHP - Embedded MOOP CSR - 73%, Continued

HDHP Model – Normalization:

Inputs						
Enter valu	es in the blue cells	below, choose a s	etting option fror	m the drop down l	box, and press 'Cal	culate'.
Press 'Ca	ılculate' anytime a	n input or dropdo	wn selection is ch	anged.		
Note th	nat the model run-	time will vary bas	ed on the comput	ers processing spe	eed.	
A mess	age box will appe	ar to indicate that	the calculations o	re done.		
		Medical	Rx			
	vidual Deductible	1,750	1,750			
F	amily Deductible	3,500	3,500			
Individu	ual Out-of-Pocket	5,200	5,200			
Fam	ily Out-of-Pocket	10,400	10,400			
Coinsura	nce (50% or Less)	23%	28%			
Individual E	Embedded Moop:	9,100				
		Co	sts that Accumula	ate		
			0	ОР	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5
		Calculat	e			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$435.09	\$104.33	\$539.42		
	Plan PMPM	\$329.25	\$78.81	\$408.06		
	Actuarial Value	75.7%	75.5%	75.65%		



3. Silver HDHP – Embedded MOOP CSR – 73%, Continued

HDHP Model – Adjusted Actuarial Value:

Inputs						
Enter value	es in the blue cells b	elow, choose a seti	ting option from the	e drop down box, ar	nd press 'Calculate'.	
Press 'Ca	lculate' anytime an	input or dropdown	selection is change	d.		
Note th	at the model run-ti	me will vary based	on the computers p	rocessing speed.		
A messo	age box will appear	to indicate that the	e calculations are de			
		Medical	Rx			
In	dividual Deductible	1,750	1,450			
	Family Deductible	3,500	2,900			
Individ	dual Out-of-Pocket	5,200	1,450			
Fai	mily Out-of-Pocket	10,400	2,900			
Coinsur	ance (50% or Less)	23%	28%			
Individual	Embedded Moop:	9,100				
		C	osts that Accumula	te		
			0	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	E
		Calculat	e			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$435.09	\$104.33	\$539.42		
	Plan PMPM	\$313.13	\$82.39	\$395.52		
	Actuarial Value	72.0%	79.0%	73.32%		



4. Silver HDHP – Embedded MOOP CSR – 77%

AV from AVC = 79.5%

Adjusted AV = 77.2%

AVC Screen Shot:

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	✓	ı	HSA/HRA Option	s	Tie	red Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Employ	yer Contribution	? 🗆	Tiered	Network Plan?				
Apply Skilled Nursing Facility Copay per Day?					1st 7	Fier Utilization:	100%			
Use Separate MOOP for Medical and Drug Spending?		Annual Contrib	oution Amount:	\$0.00	2nd 1	Tier Utilization:	0%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	~									
Desired Metal Tier	Gold ▼			_						
		1 Plan Benefit De				2 Plan Benefit (
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$1,600.00							
Coinsurance (%, Insurer's Cost Share)			75.00%							
MOOP (\$)			\$4,400.00							
MOOP if Separate (\$)										
Click Here for Important Instructions		Tie	r1			Ti	er 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to		Coinsurance, if	Copay, if	Copay applie	
Type of Benefit	Deductible?	Coinsurance?	different	separate		Coinsurance?	different	separate	deduct	
Medical	☐ All	☐ All		·	☐ All	☐ All		·	☐ All	☐ All
Emergency Room Services	~	V								
All Inpatient Hospital Services (inc. MH/SUD)	V	✓								
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and										
X-rays)	~	~	90%							
Specialist Visit	V	✓								
Mental/Behavioral Health and Substance Use Disorder Outpatient										
Services	~	✓	90%							
Imaging (CT/PET Scans, MRIs)	~	✓								
Speech Therapy	V	∑								
Occupational and Physical Therapy	✓	~								
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	V	V								
X-rays and Diagnostic Imaging	~	V								
Skilled Nursing Facility	V	✓								
					_					
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓	~								
Outpatient Surgery Physician/Surgical Services	V	✓								
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	All
Generics	V			\$10.00					V	
Preferred Brand Drugs	~			\$40.00					V	
Non-Preferred Brand Drugs	V	✓	50%							
Specialty Drugs (i.e. high-cost)	V	✓	50%							
Options for Additional Benefit Design Limits:			Plan Description	1:						
				2021 HDHP						
				Plan CSR						
				Variations - 200						
				250% FPL						
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	(77% AV)						
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:							
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:							
# Days (1-10):			AVC Version:	2021_1j						
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
#Copays (1-10):										
Output										
Calculate										
Status/Error Messages:		itside of +/- 1 per	cent de minimis	variation for CSRs	5.					
Actuarial Value:	79.48%									
Metal Tier:										
	NOTE: Office-visi	t-specific cost-sh	aring is applying	to x-rays in office	settings.					
Additional Notes:										
Calculation Time:	0.1055 seconds									

Draft 2021 AV Calculator



4. Silver HDHP – Embedded MOOP CSR – 77%, Continued

HDHP Model – Normalization:

Inputs						
•				<u> </u>		
				· · · · · · · · · · · · · · · · · · ·	box, and press 'Calculo	ate'.
	alculate' anytime d	· · · · · · · · · · · · · · · · · · ·			d	
	hat the model run- sage box will appe				eea.	
A IIIes.	sage box wiii appe	ur to maicate that	the calculations (ire done.		
		Medical	Rx			
Indi	ividual Deductible	1,600	1,600			
	Family Deductible	3,200	3,200			
Individ	lual Out-of-Pocket	4,400	4,400			
Fan	nily Out-of-Pocket	· ·	8,800			
Coinsur	ance (50% or Less)	23%	24%			
Individual	Embedded Moop:	9,100				
		Co	osts that Accumul	ate		
			0	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5
		 Calculat	te			
Results						
		Medical	Rx	Total		
	Allowed PMPM		\$122.71	\$634.48		
	Plan PMPM		\$98.15	\$504.06		
	Actuarial Value	79.3%	80.0%	79.45%		



4. Silver HDHP – Embedded MOOP CSR – 77%, Continued

HDHP Model – Adjusted Actuarial Value:

nputs						
	es in the blue cells b			•	nd press 'Calculate'.	
	lculate' anytime an					
	nat the model run-ti	•				
A mess	age box will appear	to indicate that the	e caiculations are a	one.		
		Medical	Rx			
In	dividual Deductible	1,600	1,450			
	Family Deductible	3,200	2,900			
Indivi	dual Out-of-Pocket	4,400	1,450			
	mily Out-of-Pocket	8,800	2,900			
Coinsu	rance (50% or Less)	23%	28%			
Individua	I Embedded Moop:	9,100				
		C	osts that Accumula	ate		
			C	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	
		Calculat	re			
Results						
		Medical	Rx	Total		
	Allowed PMPM		\$122.71	\$634.48		
	Plan PMPM	\$390.23	\$99.53	\$489.76		
	Actuarial Value	76.3%	81.1%	77.19%		



5. Silver HDHP – Embedded MOOP CSR – 87%

AV from AVC = 87.7%

Adjusted AV = 87.5%

AVC Screen Shot:

User Inputs for Plan Parameters					_					
Use Integrated Medical and Drug Deductible?			HSA/HRA Option			red Network O				
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution	? 🗆		Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contri	bution Amount:	\$0.00		Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending?	_			•	2nd	Tier Utilization:	: 0%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier				-						
		1 Plan Benefit D				2 Plan Benefit				
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$1,450.00							
Coinsurance (%, Insurer's Cost Share)			100.00%							
MOOP (\$)			\$1,450.00							
MOOP if Separate (\$)										
Click Here for Important Instructions		T:-	er 1			т:	ier 2		Tier 1	Tier 2
Click Here for important instructions	Cubinatan			Communit	Cubinatan			Canan if		
Type of Benefit	Subject to	Subject to	Coinsurance, if		Subject to	Subject to	Coinsurance, if	Copay, if	Copay applie	•
Medical	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	deduc	All
	✓ I	✓ All			Aii					
Emergency Room Services	▼	✓								
All Inpatient Hospital Services (inc. MH/SUD)										
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and	✓	✓								
X-rays)										
Specialist Visit	>	V								
Mental/Behavioral Health and Substance Use Disorder Outpatient	✓	✓								
Services										
Imaging (CT/PET Scans, MRIs)	V	✓				Ш				
Speech Therapy	>	V								
	✓	✓								
Occupational and Physical Therapy					_					
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	>	✓								
X-rays and Diagnostic Imaging	V	~								
Skilled Nursing Facility	>	✓								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓	✓								
Outpatient Surgery Physician/Surgical Services	<u> </u>	<u> </u>				П				
Drugs	□ All	☐ All			□ All	□ All			□ All	□ All
Generics	✓ All	✓ All			Aii	All				Aii
	V	<u> </u>								- H
Preferred Brand Drugs	✓	✓								
Non-Preferred Brand Drugs	✓	✓								
Specialty Drugs (i.e. high-cost)	v	V	N						Ш	
Options for Additional Benefit Design Limits:		ì	Plan Description							
				2022 HDHP						
				Plan CSR						
				Variations - 150						
				200% FPL						
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	(87% AV)						
Specialty Rx Coinsurance Maximum:	_		Plan HIOS ID:							
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:							
# Days (1-10):			AVC Version:	2022_1b						
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):]								
Output										
Calculate										
Status/Error Messages:		(150-200% FPL),	Calculation Succe	ssful.						
Actuarial Value:	87.66%									
Metal Tier:	Gold									
Additional Notes:										

Draft 2022 AV Calculator

0.3711 seconds



5. Silver HDHP – Embedded MOOP CSR – 87%, Continued

HDHP Model – Normalization:

Inputs						
Enter value	es in the blue cells	below, choose a s	setting option froi	n the drop down	box, and press 'Cal	culate'.
Press 'Cal	lculate' anytime a	n input or dropdo	wn selection is ch	anged.		
Note th	at the model run-	time will vary bas	ed on the comput	ers processing sp	eed.	
A messo	age box will appe	ar to indicate that	the calculations o	re done.		
			_			
		Medical	Rx			
Individual Deductible		1,450	1,450			
Family Deductible		2,900	2,900			
Individual Out-of-Pocket		1,450	1,450			
Family Out-of-Pocket		2,900	2,900			
Coinsurance (50% or Less)		0%	0%			
Individual Embedded Moop:		9,100				
		Co	osts that Accumula	ate		
			ООР		Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5
		Calculate				
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$489.60	\$117.40	\$606.99		
	Plan PMPM	,	\$103.64	\$531.92		
	Actuarial Value	87.5%	88.3%	87.63%		



5. Silver HDHP - Embedded MOOP CSR - 87%, Continued

HDHP Model – Adjusted Actuarial Value:

Inputs						
Enter value	es in the blue cells b	elow, choose a sett	ting option from the	e drop down box, an	d press 'Calculate'.	
Press 'Ca	lculate' anytime an	input or dropdown	selection is change	d.		
Note th	nat the model run-ti	me will vary based	on the computers p	rocessing speed.		
A mess	age box will appear	to indicate that the	e calculations are d	one.		
		Medical	Rx			
In	dividual Deductible	1,450	1,450			
	Family Deductible	2,900	2,900			
Indivi	dual Out-of-Pocket	1,450	1,450			
Fa	mily Out-of-Pocket	2,900	2,900			
Coinsu	rance (50% or Less)	0%	0%			
Individua	l Embedded Moop:	9,100				
		С	osts that Accumula			
			0	Deductible /		
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	(
		 Calculat	e			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$489.60	\$117.40	\$606.99		
	Plan PMPM	\$425.69	\$103.07	\$528.76		
	Actuarial Value	86.9%	87.8%	87.11%		



Appendix I – Bronze HDHP Plan Design with \$7,050 MOOP

The plan design included in Appendix I will replace those included above only if the 2022 HDHP minimum deductible increases to \$7,050 **HDHP Plan Designs**

Deductible/OOP Max	Bronze
Type of Plan	HSA Q/HDHP
Medical Ded	\$5,700
Rx Ded	\$1,400
Integrated Ded	Yes
Medical MOOP	\$7,050
Rx MOOP	\$1,400
Integrated MOOP	Rx -No, Medical - Yes
Family Deductible / OOP	Aggregate with Combined Medical/Rx embedded \$9,100 Single OOPM; 2x Individual
Medical Deductible waived for:	Preventive
Drug Deductible waived for:	Wellness scripts
Service Category	Copay / Coinsurance
Inpatient	50%_
Outpatient	50%_
ER	50%_
Radiology (MRI, CT, PET)	50%_
Preventive	0%_
PCP Office Visit	50%_
MH/SA Office Visit	50%_
Specialist Office Visit	50%
Chiropractic	50%
Physical Therapy	50%
Urgent Care	50%
Ambulance	50%
Rx Generic	\$12
Rx Preferred Brand	40%
Rx Non-Preferred Brand	60%
Rx Specialty	60%
Actuarial Value	
2022 Federal AVC, Adjusted if Necessary	63.3%



Bronze HDHP Screen Shots and AV Development with Adjusted MOOP

AV from AVC = 64.8%

Adjusted AV = 63.3%

AVC Screen Shot:

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	✓		HSA/HRA Option		Tie	ered Network Opt	ion			
Apply Inpatient Copay per Day?		HSA/HRA Empl	oyer Contribution	1? 🗆		d Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contrib	oution Amount:	\$0.00		t Tier Utilization:	100%			
Use Separate MOOP for Medical and Drug Spending?		7 illiadi contin	acion / enounc	70.00	2nd	d Tier Utilization:	0%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier				_						
		1 Plan Benefit De				2 Plan Benefit De				
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$5,700.00							
Coinsurance (%, Insurer's Cost Share)			50.00%							
MOOP (\$)			\$7,050.00							
MOOP if Separate (\$)										
		Tie				Tie			Tier 1	Tier 2
Click Here for Important Instructions	Subject to	Subject to	Coinsurance, if	C 14	Cublosta		Coinsurance, if	C 16	lier 1	i ier Z
Type of Benefit	,	•			Subject to	•	,	Copay, if	Copay applies onl	y after deductible?
No. II. at	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate		C 411
Medical	□ All	□ All			□ All	All			□ All	□ All
Emergency Room Services	V	<u> </u>								
All Inpatient Hospital Services (inc. MH/SUD)	₹	✓								
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	•	✓								
Specialist Visit	✓	✓								
Mental/Behavioral Health and Substance Use Disorder Outpatient										
Services	₩	•								
Imaging (CT/PET Scans, MRIs)	✓	✓								
Speech Therapy	•	V								
O	₹	V								
Occupational and Physical Therapy			4.000/	¢0.00			4000/	<u> </u>		
Preventive Care/Screening/Immunization			100%	\$0.00	<u> </u>	<u>_</u>	100%	\$0.00		
Laboratory Outpatient and Professional Services	✓	✓								
X-rays and Diagnostic Imaging	✓	<u> </u>				<u>_</u> _			<u> </u>	<u>_</u>
Skilled Nursing Facility	✓	✓								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	•	•								
Outpatient Surgery Physician/Surgical Services	•	✓								
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	•			\$12.00					~	
Preferred Brand Drugs	✓	✓	60%							
Non-Preferred Brand Drugs	•	✓	40%							
Specialty Drugs (i.e. high-cost)	•	✓	40%							
Options for Additional Benefit Design Limits:	•		Plan Description	:	•					
				2022 Bronze						
				HDHP Plan						
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	Option 6						
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:							
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:							
# Days (1-10):			AVC Version:	2022_1b						
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):										
Output										
Calculate										
Status/Error Messages:	Error: Result is out	side of [-4, +2] per	cent de minimis va	ariation.						
Actuarial Value:	64.79%									
Metal Tier:										
Additional Notes:										
Calculation Time:	0.2422 seconds									
Draft 2022 AV Calculator										



Bronze HDHP - Embedded MOOP, Continued

HDHP Model – Normalization:

Inputs						
•		-1	······································		d anne l'Orlandata'	
	es in the blue cells b Ilculate' anytime an			•	na press Calculate .	
	hat the model run-ti					
	age box will appear	•				
		Medical	Rx			
In	dividual Deductible	5,700	5,700			
	Family Deductible	11,400	11,400			
Indivi	dual Out-of-Pocket	7,050	7,050			
Fa	mily Out-of-Pocket	14,100	14,100			
Coinsu	rance (50% or Less)	48%	48%			
Individua	I Embedded Moop:	9,100				
	·	C	osts that Accumula			
			0	Deductible /		
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	
		_ Calculat	e			
Dagulta						
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$516.39	\$123.82	\$640.20		
	Plan PMPM	\$330.97	\$83.95	\$414.93		
	Actuarial Value	64.1%	67.8%	64.81%		



Bronze HDHP - Embedded MOOP, Continued

HDHP Model – Adjusted Actuarial Value:

nputs						
Enter value	es in the blue cells b	elow, choose a sett	ing option from the	e drop down box, an	d press 'Calculate'.	
Press 'Ca	lculate' anytime an	input or dropdown	selection is change	d.		
Note th	at the model run-ti	me will vary based	on the computers p	processing speed.		
A mess	age box will appear	to indicate that the	calculations are d			
		Medical	Rx			
In	dividual Deductible	5,700	1,400			
	Family Deductible	11,400	2,800			
Indivi	dual Out-of-Pocket	7,050	1,400			
Fa	mily Out-of-Pocket	14,100	2,800			
Coinsur	ance (50% or Less)	48%	48%			
Individual Embedded Moop		9,100				
		С	osts that Accumula			
			0	Deductible /		
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	(
		Calculat	e			
Results						
vesuits						
		Medical	Rx	Total		
	Allowed PMPM	\$516.39	\$123.82	\$640.20		
	Plan PMPM		\$93.10	\$404.91		
	Actuarial Value	60.4%	75.2%	63.25%		



Contact Information

Company Identifying

Information

Company Legal Name: MVP Health Plan, Inc.

HIOS Issuer ID: 77566 NAIC Number: 95521

Primary Contact Information

Contact Name: Christopher Pontiff, ASA

Contact Title: Leader, Actuarial

Primary Contact Phone #: 1-800-777-4793, ext. 17696

Primary Contact Address: 625 State Street

Schenectady, NY 12301-2207

Primary Contact E-mail: Cpontiff@mvphealthcare.com

ACTUARIAL MEMORANDUM

2022 Vermont Individual Exchange Filing

General Information

This memorandum details the methods and assumptions underlying the proposed 2022 premium rates for the State of Vermont's individual ACA compliant market. These products will be issued by MVP Health Plan, Inc. (MVP), a non-profit subsidiary of MVP Health Care, Inc. The rate filing has been prepared to satisfy the requirements of 8 V.S.A §5104 as well as the requirements of the Federal ACA including 45 CFR Part 156, §156.80. The premium rates are effective between 1/1/2022 and 12/31/2022. There are no benefit plans being retired, nor are there any new benefit plans being added. MVP modified several of the benefits being offered, and the updated forms have been submitted in a separate SERFF filing. The proposed average rate increase (MVP's revenue increase) is 17.0%, with increases ranging from 10.4% to 20.9%.

Drivers of Rate Increase

The proposed premium rates reflect an increase over the prior rates due to unmerging of the single risk pool, medical and pharmacy cost and utilization inflation, increased telehealth costs, COVID-19 booster shots, and an increase to contribution to reserve assumptions. Premium rate increases are varying by plan due to benefit modifications of several benefits being offered as well as the impact of fixed PMPM non-claim costs on premiums that vary based on benefit level.

Market/Benefits

All benefit plans included in this rate filing are available to everyone eligible to purchase coverage in the individual market. All Essential Health Benefits (EHBs) are covered. Only one EHB substitution was made as required by the Department of VHA, a substitution for the \$2,000 annual Private Duty Nursing benefit limit in the benchmark plan. MVP contracted Milliman to determine an actuarially equivalent visit limit, and the experience period data reflects this actuarially equivalent limit.

The non-standard plans proposed by MVP and included in this rate filing include a wellness benefit in excess of the EHBs, as well as an acupuncture allowance of \$500. The wellness benefit and acupuncture allowance are included in all non-standard products and the wellness benefit is filed as a mandatory rider, form: FRVT366.

To inform consumers of the availability and details of the products included in this filing, MVP will provide community outreach support as well as offer web and print product content and other printed product materials for VT plans. MVP will also have a mass media presence to further educate health care customers in Vermont.

The book of business affected by this rate filing is 11,101 policyholders, 11,101 subscribers, and 15,371 members based on February 2021 membership.

Experience Period Premium and Claims (Worksheet 1, Section 1 of Unified Rate Review Template)

Worksheet 1, Section 1 of the Unified Rate Review Template contains MVP Health Plan, Inc. Individual data for Vermont members over the time period 1/1/2020 - 12/31/2020, completed through 3/31/2021.

MVP does not project to rebate consumers for 2020 dates of service, and therefore no adjustments were made to the earned premium amount reflected on Worksheet 1, Section 1 of the Unified Rate Review Template. The earned premium shown reflects the amount of premium MVP collected from individuals over the experience period.

Allowed claim data includes claims from our fee for service (FFS) claim warehouses (medical and pharmacy) along with additional medical expenses not captured in the claim warehouse such as: payments associated with medical home, physician incentive payments, FFS write-offs and net reinsurance expenses.

An allowance for incurred but not reported paid claims (IBNR) was added to the experience period fee-for-service (FFS) medical claims. IBNR files were supplied directly from MVP's reserving actuary. MVP uses a combination PMPM and completion factor method to develop IBNR estimates, and Vermont specific data for the experience period was used to develop the factors. The fee-for-service experience period claims were reconciled with the IBNR lag triangles to ensure accuracy.

A summary of experience period claims processed through MVP's claim system, experience period costs not processed through MVP's claims system, as well as an estimate of IBNR are summarized below for the claims shown in Worksheet I, Section I of the URRT.

	Allowed	Incurred
Claims Processed Through Claim System	\$98,254,444	\$84,165,080
Experience Period Costs Not Processed Through Claims System	\$2,213,764	\$1,903,149
IBNR	\$2,319,934	\$1,994,498
Total	\$102,788,142	\$88,062,727

Benefit Categories (Worksheet 1, Section 2 of Unified Rate Review Template)

MVP determines benefit category based on the type of claim form submitted in conjunction with the code and type of code attached to the claim form (i.e. ICD-9, ICD-10, Diagnosis Code, or HCPCS). The "Other" category includes pediatric dental claims. The "Capitation" category includes capitated payments as well as all other claims not processed through MVP's claim warehouses.

Medical Trend Factors

The assumed unit cost trends reflect known and assumed price increases from MVP's provider network, weighted by benefit category. The Capitation unit cost trend reflects the expected change between the capitated and non-FFS claim expense between the experience period and the projection period.

MVP analyzed historical utilization patterns for the ACA-compliant business to determine whether there has been a utilization trend pattern in the recent past. Because of the rapid membership growth in this block in the past several years, the utilization trends produced by the model were not considered reliable. However, the reviewing actuary in the 2020 rate filing performed an analysis that found that "a reasonable range for market wide utilization trend to be 1% to 4%". Therefore, MVP is building in a 1% annual medical utilization trend in this filing.

Rx Trend Factors

Annual allowed Rx trend factors split by generic, brand, and specialty drugs are provided by MVP's PBM and were determined using MVP specific data over the experience period by drug class. The forecast provided by MVP's PBM accounts for drugs coming off patent, changes in average wholesale price, new drugs being released to the market, and price competitiveness amongst generic and brand drug manufacturers.

Credibility Manual Rate Development (Worksheet 1, Section 2 of Unified Rate Review Template)

MVP is assuming that the individual market risk pool membership base of 184,145 member months in the experience period is fully credible for rating purposes. Therefore, the applied credibility percentage is 100.00% (0.00% weight on credibility manual).

Projection Factors (Worksheet 1, Section 2 of Unified Rate Review Template)

Morbidity Adjustment- Impact of Pooling High Cost Claimants

As part of its rate filing process, MVP removes the claim expense (net of reinsurance) above \$100,000 for members who reach that threshold on an annual basis. Those claims have been replaced by the average of the annual cost of claims exceeding \$100,000 relative to claims less than \$100,000 for the eligible population for the three calendar years (of 2019, 2018 and 2017). Please see the following table for the high-cost claim percentage by year:

Time Period	High Cost Claim %
CY2017	14.0%
CY2018	10.1%
CY2019	13.8%
Average	12.6%

The net impact of this factor is a decrease to the experience period allowed claim cost of -0.8%.

Morbidity Adjustment- Impact of COVID-19 Booster Shots

It has been widely publicized that COVID-19 vaccination booster shots will likely be needed in the future, and Moderna's CEO recently commented that they expect FDA approval for a COVID booster shot by Fall 2021. As a result, MVP has built in \$1.14 PMPM to cover the additional cost of these booster shots. This figure was derived from MVP's Individual market flu vaccine cost as we think it is appropriate to assume the same cost and uptake rate of the flu vaccine for the COVID-19 booster shots. This factor is increasing the experience period allowed claim cost by 0.2%.

Morbidity Adjustment- Impact of Telehealth Increase

MVP analyzed the shift from in-person visits to telehealth as a result of the COVID-19 pandemic across our VT population. Prior to the pandemic, telehealth costs were approximately \$0.10 PMPM vs. 3Q/4Q 2020 telehealth costs exceeding \$17 PMPM in MVP's exchange block of business. While the initial result in 2Q 2020 was a reduction to inperson visits and an increase to telehealth visits with an overall reduction to cost, MVP's 3Q/4Q 2020 data indicates an overall net increase to cost as in-person visits are approaching pre-pandemic levels and telehealth visits have not subsided enough to offset the increase to in-person costs. The factor is increasing the experience period allowed claim cost by 0.3%.

Other-Impact of National High Cost Reinsurance Pool (HCRP)

In the 2021 Notice of Benefit and Payment Parameters issued by HHS, carriers will be compensated 60% for members' paid claims above \$1 million in a given plan year. The total reinsurance received across all states will be aggregated and compared to the national average premium PMPM to determine a percentage of premium charged to each issuer to fund the program.

Based on a national study performed by Wakely Consulting Group, the estimate of the load charged to individual issuers in 2021 will be 0.31%. MVP has not had any claimants above \$1 million in this block of business since 2014 and does not anticipate any claimants for the rating period, so the net load for MVP would be a 0.31% increase to the allowed claim cost.

Other- Impact of Leap Year

2020 had 366 days while 2022 will have only 365 days. An adjustment of 365/366 was made to the experience period allowed to reduce the claims to account for the extra day in 2020. This factor is decreasing the experience period allowed claim cost by -0.3%.

Other- Adjustment for 2019 to 2020 impact of COVID-19 on claims

MVP used 2019 data to derive premium rates for 2021. Since 2020 allowed data is required for the URRT, we have included an adjustment factor to increase 2020 claims to the level that is the assumed increase from 2019 to 2020 in our rate filing. MVP chose to use 2019 claims experience instead of 2020 due to COVID-19. 2020 claim experience was significantly impacted by the COVID-19 pandemic and MVP does not believe that 2020 is representative of future years and therefore decided to use 2019 with an additional year of trend.

Per ASOP #26 "premium rates are actuarially sound if, for business in the state for which the certification is being prepared and for the period covered by the certification, projected premiums in the aggregate, including expected reinsurance cash flows, governmental risk adjustment cash flows, and investment income, are ade-quate to provide for all expected costs, including health benefits, health benefit settlement expenses, marketing and administrative expenses, and the cost of capital." MVP believes that the reduction in claims due to the COVID-19 pandemic would cause premiums developed on 2020 data to not be actuarially sound. Additionally, MVP has concerns that risk adjustment results could be skewed in 2020 due to suppressed utilization and the impact of COVID-19 diagnoses on risk scores.

The impact of this factor on the experience period allowed claim cost is 6.6%.

Reinsurance (Worksheet 1, Section 2)

MVP is reflecting \$0.00 PMPM in reinsurance recoveries during the projection period. MVP did not have any members hit the MVP corporate or national HCRP thresholds in 2020 and does not expect to have any hit them in 2022.

Federal Risk Adjustment Program (Worksheet 1, Section 2)

Based on the Final Risk Transfer results for 2019 provided by CMS rerun for the unmerged market by L&E, MVP would have paid \$12,568,228 into the individual market transfer pool for 2019. This is \$74.41 on a PMPM basis or 18.2% of 2019 claims prior to market-wide adjustments. Since there has been no communication of 2020 risk adjustment results for the unmerged market, MVP is assuming the same 18.2% of premium for 2022 projected risk adjustment.

The URRT instructions state that the projected risk adjustment PMPM on Worksheet 1 is to be calculated on an allowed basis. Therefore, MVP has taken the projected risk adjustment PMPM on a net basis and divided by the projection period paid to allowed ratio to come up with the value shown (\$124.84 PMPM).

Exchange User Fees (Worksheet 1, Section 2)

Vermont's Exchange is not a Federally-Facilitated Exchange, therefore 0.00% of premium is built in to account for user fees during the projection period.

Market-Wide Adjusted Index Rate

The experience period index rate of \$558.19 is equal to the individual market allowed claim data for the time period, 1/1/2020 - 12/31/2020, completed through 3/31/2021.

The actual market adjusted index rate for the projection period equals \$812.21. However, due to the rounding of factors present in the URRT, the value in the file reflects \$812.19. This value was computed by adjusting the projection period index rate for the federal risk adjustment program, reinsurance and marketplace user fees. Please see above for details on the computation of the projected value of the risk adjustment program.

Actuarial Values and Cost Sharing Design of Plan (Worksheet 2, Section 3)

The AV Metal Level for each plan was determined using the Federally prescribed Actuarial Value Calculator. Adjustments for aggregate deductibles, the VT Rx OOPM, and safe harbor prescription Rx benefits were made to the

calculator results for the non-standard Gold 3 and non-Standard Silver 2 plans. The actuarial certification of these adjustments has been included.

The Benefit Actuarial Value for each plan was determined using MVP's in-house benefit pricing tools. The pricing tools value the expected net paid claim cost associated with unique benefit plan designs from a starting single risk pool allowed amount. The AV is the ratio of the expected paid to allowed amount for each plan design. MVP did not reflect any induced utilization in the projection of the net paid amounts for each unique benefit plan.

The induced utilization factors used to set premium rates and compute the average in-force induced utilization factor are sloped to comply with the HHS prescribed induced utilization factors of 1.00 for Bronze, 1.03 for Silver, 1.08 for Gold, and 1.15 for Platinum.

This field also includes the adjustment for Silver loading made to on-Exchange Silver plans. The load of \$79.25 PMPM has been converted to a percentage of the net claim cost and the total adjustment made is the product of the three values (AV, induced demand, and silver loading).

Provider Network Adjustment (Worksheet 2, Section 3)

MVP only offers one provider network for its Vermont plans; therefore, no plan-level adjustment is necessary.

Benefits in Addition to EHB (Worksheet 2, Section 3)

Members purchasing a non-standard plan will receive MVP's Member Wellness Incentive (Form: FRVT366) and a \$500 acupuncture allowance. The wellness benefit provides subscribers with up to \$600 in wellness rewards per year, subject to certain guidelines. MVP projects the net cost of this benefit to equal \$0.88 PMPM, which is converted to a percentage of the net claim cost and applied to the non-Standard plans only. MVP's 2019 acupuncture claims for our New York members were studied and used to derive the \$0.52 PMPM additional cost for this additional benefit.

Catastrophic Plan Adjustment (Worksheet 2, Section 3)

An additional plan level adjustment was applied to the catastrophic plan to account for the unique age eligibility requirements as permitted by the Federal ACA Rules. MVP did not reflect the fact that individuals facing financial hardship could also qualify to enroll in this plan.

MVP determined the adjustment factor for this plan by calculating the HHS Age factor for the eligible population and comparing it to the HHS Age factor of the experience period membership. The eligible population was assumed to be any member under the age of 30 that was not attached to a subscriber age 30 or older. It was assumed that a member under the age of 30 and attached to a subscriber age 30 or older would enroll as a dependent in a non-catastrophic plan. The eligibility adjustment factor is equal to 0.604.

Catastrophic Plan Level Adjustment									
	HHS Age Factor								
Ages 0-29, Meeting Subscriber Qualifications	1.044								
Single Risk Pool Total	1.727								
Catastrophic Adjustment	0.604								

Non-Claim Expense Plan Level Adjustments

Non claim expenses include both percent of premium loads and PMPM loads. The loads do not vary by plan. Each Standard and Non-Standard plan is being loaded with the same PMPM and Percent of Premium loads. The loads are outlined below:

Federal Taxes PMPM based

A total of \$0.47 PMPM is added for fees MVP must pay to the Federal Government per ACA regulations on a PMPM basis. This is comprised of \$0.24 PMPM for the risk adjustment user fee levied by the Department of Health and Human Services and \$0.22 PMPM for the Patient Centered Outcome Research Fee.

State Taxes PMPM Based

\$1.52 PMPM is added for fees MVP must pay to the State of Vermont to help fund expenses incurred by state agencies and other non-profit organizations on MVP's behalf, including the Green Mountain Care Board, the Vermont Program for Quality in Health Care, Inc., and the Office of the Health Care Advocate. This is found by using the best available information about the market-wide cost of each of the programs and then accounting for MVP's growth in market share from 2019 to 2022.

State Taxes Premium based – VT Vaccine Assessment

Based on information provided by the Vermont Vaccine Purchasing Program (VVPP), MVP's rates are \$12.02 per covered child and \$1.70 per covered adult for January to March 2022, followed by an estimate of the same \$12.02 per covered child and \$1.70 per covered adult thereafter. Based on a blend of MVP's child and adult membership in the projection period, the total PMPM costs are \$2.27 for 2022. This blended PMPM was then compared to the projection period premium PMPM before the assessment load to convert the assessment to a percent of premium load of 0.33%.

General Administrative Expense Load (Including QI component)

The total administrative expense load included as a plan level adjustment equals \$47.10 PMPM and is used to cover SG&A expenses as well as Quality Improvement/Cost Containment Programs (QI). MVP is making additional administrative investments in the state for 2022 and expect admin to be aligned with our proposed administrative costs.

Based on an analysis of MVP's historical Supplemental Health Care Exhibit (SHCE) expenses, approximately 6% of MVP's total administrative expense was spent on QI. Therefore, \$2.83 PMPM of the \$47.10 PMPM administrative expense is attributable to QI.

MVP charged \$42.17 PMPM for the merged individual and small group market in 2021. When multiplied by our combined February 2021 enrollment, the available administrative expense PMPM change is only \$0.03. Please see the table below.

Summary of 2022 Administrative Expenses											
		,									
	Proposed Admin PMPM	Enrollment as of February 2021									
Individual	\$47.10	15,371									
Small Group	\$38.75	21,858									
Combined	\$42.20	37,229									

Contribution to Reserves/Risk Charge

MVP is building a 1.5% contribution to reserves/risk charge into the VT Exchange premium rates for 2022. This charge is added to premium rates to meet statutory reserve requirements for MVP's VT block of business and protect against adverse experience relative to pricing assumptions.

Bad Debt Expense

A plan level adjustment equal to 0.40% of premium was added to account for non-payment of premium risk.

Age/Geographic/Tobacco Calibration (Worksheet 2, Section 3)

Per Vermont stating rating rules, variation in rates due to tobacco and age are not allowed. Therefore, all calibration factors are 1. Additionally, there is only 1 rating region in Vermont, so the geography calibration is also 1.

Consumer Adjusted Premium Rates

The Calibrated Plan Adjusted Index Rate PMPMs are converted to per contract premium rates using the computed single conversion factor and the prescribed standard load ratios. Please note that due to the rounding present in the URRT template, actual Plan Adjusted Index Rate PMPMs may vary from the URRT to the actual rates as filed.

The single conversion factor (SCF) was calculated using subscriber and member data by contract type for the eligible population enrolled with MVP as of February 2021. The SCF = weighted average contract size / weighted average load ratio.

Projection Period Membership

MVP's projection period membership equals the February 2021 enrollment of the population eligible to purchase these products, or 15,371 members. On Worksheet 2 of the URRT, members are mapped based on their February 2021 benefit to the same benefits for 2022.

Loss Ratio Information

The traditional target loss ratio (claims cost / premium) for the rates proposed in this rate filing is 90.5%. After adjusting for taxes/assessments and expenses associated with quality improvements, the Federal target loss ratio for the rates proposed in this filing is 91.5%. Please see the following table for a calculation of these loss ratios based on MVP's projected starting claim cost in 2022:

Target Loss Ratio for 2022 VT Exchange										
	i .									
A) Claims Expense	\$608.53									
B) Taxes/Assessments	\$4.20									
C) Quality Improvement	\$2.83									
D) Premium	\$672.61									
E) Traditional Loss Ratio = A) / D)	90.5%									
F) Federal Loss Ratio = [A) + C)] / [D) - B)]	91.5%									

Actuarial Certification

I, Matthew Lombardo, am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries. The projected Index Rate and Adjusted Paid Amount used in the development of these proposed premium rates is in compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80(d)(1)) and developed in compliance with the applicable Actuarial Standards of Practice. I have examined the assumptions and methods used in determining MVP's requested rates. Based on my review and examination, it is my opinion that the proposed premium rates are reasonable in relation to the benefits provided and that they are not excessive, nor inadequate, nor unfairly discriminatory. They are developed using only the permitted rating classifications. The Adjusted Paid Amount and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates. The Standard AV Calculator was used to determine the Metal AV Value to be shown in Worksheet 2 of the Part I Unified Rate Review template for all the plans. The EHB portion of premium reflected in Worksheet 2, Sections 3 and 4 was calculated in accordance with actuarial standards of practice.

The URRT does not demonstrate the process that was used to develop premium rates. Rather it represents information required by Federal regulation to be provided in support of the review of rate increases and for certification that the Index rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

I certify that I am knowledgeable as to the Vermont laws and regulations that apply to this filing and that, to the best of my knowledge and belief, this filing is in compliance with such laws and regulations and provides all required benefits.

I am of the opinion that this filing is in compliance with the applicable Federal and State Laws and Regulations concerning the PPACA and the HCERA of 2010.

I certify that each rate filing has been prepared in accordance with the following Actuarial Standards of Practice; ASOP #5, ASOP#8, ASOP #12, ASOP #23, ASOP #25, ASOP#41, ASOP#45, and ASOP#50.

Matthew Lombardo, FSA, MAAA Senior Leader, Actuarial Services

MVP Health Care, Inc.

5/7/2021

Date



Consumer Disclosure about Proposed Health Insurance Rate Increase VT 2022 ACA Individual Exchange Rate Filing

About Us

MVP Health Plan, Inc. is a non-profit health care payer operating in Vermont and New York. MVP's mission is to provide high quality and affordable health care with a focus on wellness to our members.

Why We Are Changing Our Premiums

MVP must obtain approval from the Green Mountain Care Board for the health insurance premium rates charged. MVP files annual premium rates for the Exchange which are guaranteed for 12 months. This rate filing seeks approval of MVP's 2022 Individual Exchange rates for effective dates of coverage between January 1, 2022 and December 31, 2022. The premium rates filed reflect MVP's current estimate of the cost to provide health insurance for that coverage period. The filed premium rates may be higher or lower than the previously filed premium rates, however, premium rates generally increase over time. Changes in the filed premium rates (relative to previously approved rates) are driven by many factors, including:

- -Increases in base period experience. Premium rates are increasing by **0.4%** because our estimate of 2021 claims are higher than expected compared to the previous year.
- -Increases in cost and utilization of services. The cost and utilization of medical and pharmacy services generally increase over time. Premium rates are increasing by **8.0**% because of this estimated trend in 2022.
- -Unmerging of the risk pools- The state of Vermont has decided to unmerge the risk pools for 2022 and this change results in only Individual data being used to calculate premiums, which increasing the premium rate by 3.8%
- -Impact of the COVID-19 pandemic. MVP is assuming that COVID-19 booster shots will be available in 2022. This increases the premium rate by **0.3%**.
- -Impact of the Federal Risk Adjustment Program. The federal risk adjustment program seeks to "level the playing field" among insurers. MVP has enrolled a population of lower-risk members, so it is required to pay into the program. MVP's Individual payment has increased as a result of the unmerging of the risk pools, increasing premium rates by approximately 3.5%.
- -Changes in the cost of doing business. As the cost of doing business rises over time, MVP must collect a portion of the premium revenue to protect consumers by ensuring its solvency. MVP aligned its administrative costs with the expected cost of the individual market. These changes are worth approximately **0.3%** of a premium increase.
- -Impact of Changes in Product Mix. MVP has changed plan benefits on some plans from 2021 to 2022. Additionally, members have purchased different products in 2021 than 2020. The two are combining to drive up the rate increase by approximately **0.3%**.

<u>Conclusion</u>

The proposed rates reflect an average rate adjustment to prior rates of 17.0%, ranging from 10.4% to 20.9%. There are 11,101 policyholders, 11,101 subscribers and 15,371 members impacted by this rate filing.

Vermonters can provide public comment on the proposed rate increases during the public comment period from May 10 to July 22. For information about providing public comment, please visit https://ratereview.vermont.gov/public_comment

Certification of Compliance

I hereby certify that I have reviewed the applicable filing requirements for this filing and the filing complies with all applicable statutory and regulatory provisions for the state of Vermont.

Print Name: Karla Austen Title: Chief Financial Officer & Executive Vice President

Signature: M 1 to Date: 05/07/2021

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Unified Rate Review v5.3										product to										
								Tc	o add a	olan to Wo	rkshee	2 - Plan	Prod	uct Info,	select t	he Ad	l Plan bu	tton or	trl + Shift	+ L.
Company Legal Name:	MVP Health Plan, Inc.						State: VT	To	o valida	e, select th	ne Valid	ate butt	on or	Ctrl + Sh	ift + I.					
HIOS Issuer ID:	77566						Market: Individual	To	o finaliz	, select the	e Finali.	e buttoi	n or Ct	rl + Shif	t + F.					
Effective Date of Rate Change(s):	1/1/2022																			
•																				
Market Level Calculations (Same for all	II Plans)																			
Section I: Experience Period Data																				
Experience Period:		1/1/2020		/31/2020																
Allermed Claims			Total	PMPM																
Allowed Claims Reinsurance			\$102,788,142.30 \$0.00	\$558.19 \$0.00																
Incurred Claims in Experience Period			\$88,062,727.20	\$478.22																
Risk Adjustment			-\$5,466,280.78	-\$29.68																
Experience Period Premium			\$105,504,897.70	\$572.94																
Experience Period Member Months			184,145																	
		-	•																	
Section II: Projections																				
1	I⊢	Year 1 Tr	end	Year 2 Tr	end															
Benefit Category	Experience Period Index					Trended EHB Allowed Claims														
Inpatient Hospital	Rate PMPM \$100.99	Cost 1.063	Utilization 1.010	Cost 1.064	Utilization 1.010	PMPM \$116.52														
Outpatient Hospital	\$243.18	1.060	1.010	1.062	1.010	\$279.26														
Professional	\$131.75	1.024	1.010	1.043	1.010	\$143.54														
Other Medical	\$1.09	1.000	1.000	1.000	1.000	\$1.09														
Capitation	\$12.02	1.053	1.000	1.053	1.000	\$13.33														
Prescription Drug	\$69.16	1.098	1.049	1.098	1.049	<u>\$91.75</u>														
Total	\$558.19					\$645.48														
				0.998																
Morbidity Adjustment																				
Demographic Shift				1.000																
Demographic Shift Plan Design Changes				1.000																
Demographic Shift Plan Design Changes Other	PMPM for	1/1/2022		1.000 1.067																
Demographic Shift Plan Design Changes	PMPM for	1/1/2022		1.000																
Demographic Shift Plan Design Changes Other	PMPM for	1/1/2022		1.000 1.067 \$687.35																
Demographic Shift Plan Design Changes Other Adjusted Trended EHB Allowed Claims	PMPM for	1/1/2022		1.000 1.067 \$687.35																
Demographic Shift Plan Design Changes Other Adjusted Trended EHB Allowed Claims I	PMPM for	1/1/2022		1.000 1.067 \$687.35																
Demographic Shift Plan Design Changes Other Adjusted Trended EHB Allowed Claims I Manual EHB Allowed Claims PMPM Applied Credibility %	PMPM for			1.000 1.067 \$687.35 \$0.00 100.00%	Projected Period Totals															
Demographic Shift Plan Design Changes Other Adjusted Trended EHB Allowed Claims I Manual EHB Allowed Claims PMPM Applied Credibility % Projected Index Rate for	PMPM for	1/1/2022		1.000 1.067 \$687.35 \$0.00 100.00%	\$126,783,082.20	ſ														
Demographic Shift Plan Design Changes Other Adjusted Trended EHB Allowed Claims I Manual EHB Allowed Claims PMPM Applied Credibility % Projected Index Rate for Reinsurance	PMPM for			1.000 1.067 \$687.35 \$0.00 100.00%	\$126,783,082.20 \$0.00															
Demographic Shift Plan Design Changes Other Adjusted Trended EHB Allowed Claims Manual EHB Allowed Claims PMPM Applied Credibility % Projected Index Rate for Reinsurance Risk Adjustment Payment/Charge	PMPM for			1,000 1,067 \$687.35 \$0.00 100.00% \$687.35 \$0.00	\$126,783,082.20 \$0.00 -\$23,026,987.68															
Demographic Shift Plan Design Changes Other Adjusted Trended EHB Allowed Claims I Manual EHB Allowed Claims PMPM Applied Credibility % Projected Index Rate for Reinsurance Risk Adjustment Payment/Charge Exchange User Fees	PMPM for			1.000 1.067 \$687.35 \$0.00 100.00% \$687.35 \$0.00 -\$124.84 9.000%	\$126,783,082.20 \$0.00 -\$23,026,987.68 \$0.00															
Demographic Shift Plan Design Changes Other Adjusted Trended EHB Allowed Claims Manual EHB Allowed Claims PMPM Applied Credibility % Projected Index Rate for Reinsurance Risk Adjustment Payment/Charge	PMPM for			1,000 1,067 \$687.35 \$0.00 100.00% \$687.35 \$0.00	\$126,783,082.20 \$0.00 -\$23,026,987.68															
Demographic Shift Plan Design Changes Other Adjusted Trended EHB Allowed Claims I Manual EHB Allowed Claims PMPM Applied Credibility % Projected Index Rate for Reinsurance Risk Adjustment Payment/Charge Exchange User Fees	PMPM for			1.000 1.067 \$687.35 \$0.00 100.00% \$687.35 \$0.00 -\$124.84 9.000%	\$126,783,082.20 \$0.00 -\$23,026,987.68 \$0.00															
Demographic Shift Plan Design Changes Other Adjusted Trended EHB Allowed Claims I Manual EHB Allowed Claims PMPM Applied Credibility % Projected Index Rate for Reinsurance Risk Adjustment Payment/Charge Exchange User Fees Market Adjusted Index Rate	PMPM for			1.000 1.067 \$687.35 \$0.00 100.00% \$687.35 \$0.00 -5.124.84 0.00% \$812.19	\$126,783,082.20 \$0.00 -\$23,026,987.68 \$0.00															
Demographic Shift Plan Design Changes Other Adjusted Trended EHB Allowed Claims I Manual EHB Allowed Claims PMPM Applied Credibility % Projected Index Rate for Reinsurance Risk Adjustment Payment/Charge Exchange User Fees Market Adjusted Index Rate	PMPM for			1.000 1.067 \$687.35 \$0.00 100.00% \$687.35 \$0.00 -5.124.84 0.00% \$812.19	\$126,783,082.20 \$0.00 -\$23,026,987.68 \$0.00															

Product-Plan Data Collection

To add a product to Worksheet 2 - Plan Product Info, select the Add Product button or Ctrl + Shift + P. To add a product to Worksheet 2 - Plan Product flip, select the Add Product button or Ctrl - Shift + P.
To add a plan to Worksheet 2 - Plan Product flip, select the Add Plan button or Ctrl - Shift + I.
To wollides, select the Validate button or Ctrl + Shift + I.
To finalize, select the Validate button or Ctrl + Shift + I.
To remove a product, rawigate to the corresponding Product Name/Product ID field and select the Remove Product button or Ctrl + Shift + I.

														To add a plan to Wo	rksheet 2 - Plan Prod	uct Info, select the	Add Plan button or	Ctrl + Shift + L.		
	Company Legal Name:	MVP Health Plan,	Inc.								Sta			To validate, select th						
	HIOS Issuer ID:	77566 1/1/2022									Ma	arket: In	dividual	To finalize, select the						
	Effective Date of Rate Change(s):	1/1/2022												To remove a product	t, navigate to the cor aviaate to the correst	responaing Produc oondina Plan Nam	ct Name/Product ID) e/Plan ID field and s	neid and select the Ke elect the Remove Plai	move Product but button or Ctrl +	tton or Ctrl + Shift + Q. Shift + A.
	Product/Plan Level Calculations																			
	Field # Section I: General Product and Plan Information																			
	1.1 Product Name 1.2 Product ID	-									Individu 77566VTC									
	1.3 Plan Name		FRVT-HMO-P-001-	FRVT-HMO-G-001-	FRVT-HMO-G-002-	FRVT-HMOH-G-	RVT-HMO-S-003-	FRVT-HMOH-S-	FRVT-HMOH-S-	FRVT-HMO-S-001-	VT-HMO-S-003-S II VT		VT-HMOH-S-002-	VT-HMO-S-001-N	FRVT-HMO-B-002-	FRVT-HMOH-B-	FRVT-HMO-B-004-	FRVT-HMO-B-005- FF	VT-HMO-B-001-	FRVT-HMO-C-001-
	1.4 Plan ID (Standard Component ID)		77566VT0040001	77566VT0040002	77566VT0040004 7		7566VT0040005 7	7566VT0040006 7	7566VT0040024	77566VT0040007	77566VT0040030 77	7566VT0040031 7	77566VT0040029	77566VT0040028	77566VT0040009 7	7566VT0040010	77566VT0040025		7566VT0040011	77566VT0040013
	1.5 Metal 1.6 AV Metal Value		Platinum	Gold	Gold	Gold	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Bronze	Bronze	Bronze	Bronze	Bronze	Catastrophic
	1.6 AV Metal Value 1.7 Plan Category		0.894 Renewing	0.815 Renewing	0.819 Renewing	0.780 Renewing	0.711 Renewing	0.707 Renewing	0.710 Renewing	0.707 Renewing	0.711 Renewing	0.707 Renewing	0.709 Renewing	0.707 Renewing	0.637 Renewing	0.632 Renewing	0.643 Renewing	0.649 Renewing	0.626 Renewing	0.625 Renewing
	1.8 Plan Type		НМО	HMO	HMO	HMO	HMO	HMO	НМО	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	нмо
	1.9 Exchange Plan?		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	No	Yes	Yes	Yes	Yes	Yes	Yes
	1.10 Effective Date of Proposed Rates	-	1/1/2022	1/1/2022	1/1/2022 17.70%	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022 18.93%	1/1/2022 17.35%	1/1/2022	1/1/2022 19.82%	1/1/2022	1/1/2022	1/1/2022 20.87%	1/1/2022
	1.11 Cumulative Rate Change % (over 12 mos prior) 1.12 Product Rate Increase %		19.24%	10.11%	17.70%	17.42%	10.80%	16.07%	15.18%	13.99%	20.59%		18.93%	17.35%	20.32%	19.82%	19.30%	20.08%	20.87%	10.39%
	1.13 Submission Level Rate Increase %										17.03%									
Worksheet 1 Totals	Section II: Experience Period and Current Plan Let 2.1 Plan ID (Standard Component ID)	rel Information Total	77566VT0040001	77566VT0040002	77566VT0040004 7	7566VT0040023	75566VT0040005 7	7566VT0040006 7	7566VT0040024	77566VT0040007	77566VT0040030 77	7566VT0040031 7	77566VT0040029	77566VT0040028	77566VT0040009 7	7566VT0040010	77566VT0040025	77566VT0040026 7	7566VT0040011	77566VT0040013
\$102,788,142	2.2 Allowed Claims	\$102,788,142	\$9,497,147	\$15,164,195	\$2,499,461	\$11,364,291	\$3,300,167	\$2,371,795	\$1,288,615	\$34,475,790	\$323,295	\$514,046	\$714,750	\$1,842,546	\$7,085,011	\$3,841,680	\$1,399,219	\$3,511,450	\$3,578,447	\$16,236
\$0	2.3 Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	2.4 Member Cost Sharing 2.5 Cost Sharing Reduction	\$14,725,415	\$574,484	\$2,257,864	\$296,039	\$1,769,390	\$455,126 \$0	\$291,796 \$0	\$133,458	\$2,587,448	\$109,450 \$0	\$172,324	\$164,941	\$468,673	\$1,912,661	\$1,266,892	\$487,792 \$0	\$835,065	\$929,462 \$0	\$12,550
\$88.062.727	2.5 Cost Sharing Reduction 2.6 Incurred Claims	\$88.062.727	58.922.663	\$12,906,331	\$2,203,422	\$9,594,901	\$2,845,041	\$2,079,999	\$1,155,157	\$31,888,342	\$213.845	\$341.722	\$549.809	\$0 \$1,373,874	\$5,172,350	\$2.574.789	\$911,427	\$2,676,385	\$2,648,985	\$3,685
-\$5,466,281	2.7 Risk Adjustment Transfer Amount	-\$5,466,281		\$1,449,010	\$3,329	\$587,208	\$321,580	\$192,702	\$457,622	\$1,004,405	-\$221,382	-\$399,364	-\$107,358	-\$991,120	-\$3,860,828	-\$2,963,194	-\$797,505	-\$1,653,861	-\$1,530,655	-\$4,098
\$105,504,898	2.8 Premium	\$105,504,898		\$14,518,198	\$2,022,183	\$9,059,146	\$3,833,647	\$2,309,552	\$852,967	\$35,632,324	\$629,722	\$741,827	\$798,371	\$2,463,568	\$9,594,010	\$6,554,058	\$2,179,690	\$4,074,266	\$4,547,901	\$32,615
184,145	2.9 Experience Period Member Months 2.10 Current Enrollment	184,145 15,371		23,088 1.918	3,073 345	15,402 1.200	5,825 481	3,551 339	1,341	56,264 4,217	1,239	1,550 151	1,619	5,091 438	21,084	14,448	4,169	8,449 765	10,104 976	97
	2.11 Current Premium PMPM	\$587.86		\$646.10	\$665.15	\$615.17	\$668.86	\$653.70	\$662.05	\$655.32	\$524.34	\$496.04	\$516.46		\$474.35	\$464.19	\$506.07	\$492.71	\$465.83	\$339.18
	2.12 Loss Ratio	88.03%	102.46%	80.83%	108.78%	99.47%	68.47%	83.13%	88.14%	87.04%	52.37%	99.78%	79.57%	93.31%	90.22%	71.70%	65.94%	110.58%	87.79%	12.92%
	Per Member Per Month 2.13 Allowed Claims	\$558.19	\$1,225.28	\$656.80	\$813.36	\$737.85	\$566.55	\$667.92	\$960.94	\$612.75	\$260.93	\$331.64	\$441.48	\$361.92	\$336.04	\$265.90	\$335.62	\$415.61	\$354.16	\$167.38
	2.13 Allowed Claims 2.14 Reinsurance	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$900.94	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	2.15 Member Cost Sharing	\$79.97		\$97.79	\$96.34	\$114.88	\$78.13	\$82.17	\$99.52	\$45.99	\$88.34	\$111.18	\$101.88	\$92.06	\$90.72	\$87.69	\$117.00	\$98.84	\$91.99	\$129.38
	2.16 Cost Sharing Reduction	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	2.17 Incurred Claims 2.18 Risk Adjustment Transfer Amount	\$478.22 -\$29.68		\$559.01 \$62.76	\$717.03 \$1.08	\$622.96 \$38.13	\$488.42 \$55.21	\$585.75 \$54.27	\$861.41 \$341.25	\$566.76 \$17.85	\$172.60 -\$178.68	\$220.47 -\$257.65	\$339.60 -\$66.31	\$269.86 -\$194.68	\$245.32 -\$183.12	\$178.21 -\$205.09	\$218.62 -\$191.29	\$316.77 -\$195.75	\$262.17 -\$151.49	\$37.99 -\$42.25
	2.19 Premium	\$572.94		\$628.82	\$658.05	\$588.18	\$658.14	\$650.39	\$636.07	\$633.31	\$508.25	\$478.60	\$493.13	\$483.91	\$455.04	\$453.63	\$522.83	\$482.22	\$450.11	\$336.24
	Section III: Plan Adjustment Factors 3.1 Plan ID (Standard Component ID)		775661/70040001	775661/70040003	775561/70040004 7	75661/70040033	75 66 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	7566\/T0040006 7	75565/770040024	77566\/T0040007	77566VT0040030 77	25 66 VTDD40021	775661/70040030	775 661/70040078	775661/70040000 7	75561/70040010	77566\/T0040035	77566\/T0040036 7	75.661/70040011	77566\/T0040012
	3.2 Market Adjusted Index Rate		77300110040001	77300410040002	77300410040004	300110040023	7500410040005[7	/300410040000[/	7500710040024	77300410040007	\$812.19		7300410040023	77300110040020	77300110040003[7	7500410040010	77300110040023	77300410040020 7	300110040011	77300410040013
	3.3 AV and Cost Sharing Design of Plan		1.0317	0.8372	0.8820	0.8575	0.8533	0.8310	0.8348	0.8085	0.7558	0.7333	0.7362		0.6261	0.6310	0.6540	0.6387	0.6192	0.6089
	3.4 Provider Network Adjustment 3.5 Benefits in Addition to EHB	-	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
	Administrative Costs		1.0000	1.0000	1.0020	1.0020	1.0000	1.00001	1.0021	1.0021	1.0000	1.0000	1.0023	1.0024	1.0000	1.0000]	1.0000	1.0027	1.0028	1.0000
	3.6 Administrative Expense		5.19%	6.32%	6.00%	6.16%	6.20%	6.36%	6.32%	6.51%	6.95%	7.14%	7.10%	7.33%	8.26%	8.20%	7.94%	8.09%	8.32%	13.20%
	3.7 Taxes and Fees 3.8 Profit & Risk Load		0.55% 1.90%	0.60% 1.90%	0.58% 1.90%	0.59%	0.59% 1.90%	0.60% 1.90%	0.60% 1.90%	0.60% 1.90%	0.62% 1.90%	0.63% 1.90%	0.63% 1.90%	0.64% 1.90%	0.68% 1.90%	0.68% 1.90%	0.66% 1.90%	0.67% 1.90%	0.68%	0.89% 1.90%
	3.9 Catastrophic Adjustment		1.0000	1.0000	1.90%	1.0000	1.0000	1.0000	1.0000	1.90%	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.6063
	3.10 Plan Adjusted Index Rate		\$907.25	\$745.74	\$784.29	\$763.93	\$759.00	\$740.54	\$745.16	\$723.19	\$678.07	\$659.34	\$663.17	\$642.24	\$570.34	\$574.41	\$593.49	\$582.21	\$566.01	\$356.91
	2.44 And Californian Franks	1.0000	a .																	1
	3.11 Age Calibration Factor 3.12 Geographic Calibration Factor	1.0000									1.0000									
	3.13 Tobacco Calibration Factor	1.0000									1.0000)								
	3.14 Calibrated Plan Adjusted Index Rate		\$907.25	\$745.74	\$784.29	\$763.93	\$759.00	\$740.54	\$745.16	\$723.19	\$678.07	\$659.34	\$663.17	\$642.24	\$570.34	\$574.41	\$593.49	\$582.21	\$566.01	\$356.91
	Section IV: Projected Plan Level Information																			
	4.1 Plan ID (Standard Component ID)	Total	77566VT0040001	77566VT0040002	77566VT0040004 7	7566VT0040023	7566VT0040005 7	7566VT0040006 7	7566VT0040024	77566VT0040007	77566VT0040030 77	7566VT0040031 7	77566VT0040029	77566VT0040028	77566VT0040009 7	7566VT0040010	77566VT0040025	77566VT0040026 7	7566VT0040011	77566VT0040013
	4.2 Allowed Claims	\$138,855,264	\$7,274,798	\$16,986,893	\$3,102,520	\$10,692,961	\$4,775,190	\$3,349,779	\$1,196,581	\$41,560,807	\$1,016,396	\$1,289,312	\$1,179,656	\$3,714,348	\$13,502,624	\$10,989,796	\$3,716,088	\$6,377,880	\$8,094,628	\$35,007
	4.3 Reinsurance 4.4 Member Cost Sharing	\$40,909,644		\$3,741,653	\$0 \$592,476	\$2,205,153	\$0 \$1,319,237	\$976,503	\$0 \$345,708	\$12,820,263	\$0 \$280,799	\$375,980	\$341,644	\$1,145,765	\$5,110,358	\$0 \$4,114,636	\$0 \$1,320,961	\$0 \$2,347,514	\$0 \$3,109,726	\$0 \$13,690
	4.5 Cost Sharing Reduction	\$0,909,044	\$0	\$0	\$0	\$2,203,133	\$0	\$0	\$343,708	\$0	\$0	\$0	\$341,044	\$0	\$0	\$4,114,030	\$1,320,901	\$0	\$3,103,720	\$0
	4.6 Incurred Claims	\$97,945,620		\$13,245,240	\$2,510,044	\$8,487,808	\$3,455,953	\$2,373,276	\$850,873	\$28,740,544	\$735,598	\$913,332	\$838,012	\$2,568,583	\$8,392,266	\$6,875,159	\$2,395,127	\$4,030,366	\$4,984,902	\$21,317
	4.7 Risk Adjustment Transfer Amount 4.8 Premium	-\$16,897,644 \$126,863,890		-\$2,405,559 \$17,163,277	-\$455,866 \$3,247,333	-\$1,541,529 \$11,001,655	-\$544,577 \$4,381,557	-\$372,472 \$3,012,607	-\$133,633 \$1,081,937	-\$4,491,374 \$36,602,898	-\$133,597 \$960,109	-\$165,877 \$1,194,795	-\$152,197 \$1,098,305	-\$466,498 \$3,375,708	-\$1,524,177 \$11,121,609	-\$1,248,645 \$9,104,937	-\$434,995 \$3,162,162	-\$731,982 \$5,344,993	-\$905,342 \$6,629,358	-\$3,872 \$29,980
	4.8 Premium 4.9 Projected Member Months	\$126,863,890 184,452	9,204	23,016	\$3,247,333	14,400	\$4,381,557 5,772	4,068	\$1,081,937 1,452	536,602,898	\$960,109 1,416	\$1,194,795 1,812	\$1,098,305	\$3,375,708 5,256	19,500	\$9,104,937 15,852	\$3,162,162 5,328	\$5,344,993 9,180	\$6,629,358	\$29,980
	4.10 Loss Ratio	89.07%		89.75%	89.92%	89.72%	90.07%	89.89%	89.73%	89.50%	89.00%	88.77%	88.57%	88.29%	87.44%	87.51%	87.82%	87.37%	87.09%	81.65%
i	Per Member Per Month	435	470	6775	6740 1	6742.5-	6027.7-1	4022 (-1	ć034	ć024 I	6747.7-	6744.5.1	674	6705 1	***************************************		6507 1	6504 1	******	*****
	4.11 Allowed Claims 4.12 Reinsurance	\$752.80 \$0.00		\$738.05 \$0.00	\$749.40 \$0.00	\$742.57 \$0.00	\$827.30 \$0.00	\$823.45	\$824.09	\$821.29 \$0.00	\$717.79 \$0.00	\$711.54 \$0.00	\$712.35 \$0.00	\$706.69 \$0.00	\$692.44 \$0.00	\$693.28 \$0.00	\$697.46 \$0.00	\$694.76 \$0.00	\$691.14 \$0.00	\$416.75 \$0.00
	4.13 Member Cost Sharing	\$221.79	\$81.22	\$162.57	\$143.11	\$153.14	\$228.56	\$240.05	\$238.09	\$253.34	\$198.30	\$207.49	\$206.31	\$217.99	\$262.07	\$259.57	\$247.93	\$255.72	\$265.52	\$162.98
	4.14 Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	4.15 Incurred Claims 4.16 Risk Adjustment Transfer Amount	\$531.01		\$575.48 -\$104.52	\$606.29 -\$110.11	\$589.43 -\$107.05	\$598.74	\$583.40	\$586.00	\$567.95 -\$88.76	\$519.49 -\$94.35	\$504.05	\$506.05	\$488.70 -\$88.76	\$430.37 -\$78.16	\$433.71 -\$78.77	\$449.54 -\$81.64	\$439.04	\$425.62	\$253.77
	4.16 Risk Adjustment Transfer Amount 4.17 Premium	-\$91.61 \$687.79		-\$104.52 \$745.71	-\$110.11 \$784.38	-\$107.05 \$764.00	-\$94.35 \$759.11	-\$91.56 \$740.56	-\$92.03 \$745.14	-\$88.76 \$723.32	-594.35 \$678.04	-\$91.54 \$659.38	-\$91.91 \$663.23	-\$88.76 \$642.26	-\$/8.16 \$570.34	-\$/8.// \$574.37	-\$81.64 \$593.50	-\$79.74 \$582.24	-\$77.30 \$566.03	-\$46.09 \$356.91

Rating Area Data Collection

Specify the total number of Rating Areas in your State by selecting the Create Rating Areas button or Ctrl + Shift + R. Select only the Rating Areas you are offering plans within and add a factor for each area. To validate, select the Validate button or $\operatorname{Ctrl} + \operatorname{Shift} + \operatorname{I}$.

To finalize, select the Finalize button or Ctrl + Shift + F. Rating Area Rating Factor

Rating Area 1